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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT
1995

DOCUMENT # P01364 (9)

1. Corporate Name

PRAIRIE STATES LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
440 MT. RUSHMORE ROAD P O BOX 2730 RAPID CITY SD 57709	440 MT. RUSHMORE ROAD P O BOX 2730 RAPID CITY SD 57709

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/27/1984	3a. Date of Last Report: 03/03/1994
4. FEI Number: 46-0260270	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Street, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 33433

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	C	☒ Change ☐ Addition
NAME	SNORTLAND, ARNOLD M.	12 NAME	Robert Thomas Rakich	
STREET ADDRESS	440 MOUNT RUSHMORE ROAD	13 STREET ADDRESS	640 Lee Road, Suite 303	
CITY-ST-ZIP	RAPID CITY SD	14 CITY-ST-ZIP	Wayne PA 19087	
TITLE	D	21 TITLE	P/D	☒ Change ☐ Addition
NAME	NAUMAN, RALPH A.	22 NAME	John Allen Streetman	
STREET ADDRESS	200 S POTTER	23 STREET ADDRESS	1255 Roberts Boulevard, Suite 206	
CITY-ST-ZIP	GETTYSBURG SD	24 CITY-ST-ZIP	Kennesaw GA 30144	
TITLE	S	31 TITLE	V/D	☒ Change ☐ Addition
NAME	GRAHAM, DONALD D.	32 NAME	John Edward Wade	
STREET ADDRESS	440 MOUNT RUSHMORE ROAD	33 STREET ADDRESS	440 Mt. Rushmore Road	
CITY-ST-ZIP	RAPID CITY SD	34 CITY-ST-ZIP	Rapid City SD 57701	
TITLE	D	41 TITLE	T/D/V	☒ Change ☐ Addition
NAME	FIEDLER, WALTER R.	42 NAME	Bernhard Michael Koch	
STREET ADDRESS	1111 N 1ST-BOX 47	43 STREET ADDRESS	640 Lee Road, Suite 303	
CITY-ST-ZIP	BISMARCK ND	44 CITY-ST-ZIP	Wayne PA 19087	
TITLE	V	51 TITLE	V/D	☒ Change ☐ Addition
NAME	BRICKETT, ROBERT W.	52 NAME	Robert W. Bickett	
STREET ADDRESS	440 MT RUSHMORE RD	53 STREET ADDRESS	440 Mt. Rushmore Road	
CITY-ST-ZIP	RAPID CITY SD	54 CITY-ST-ZIP	Rapid City SD 57701	
TITLE	S	61 TITLE	S	☒ Change ☐ Addition
NAME	KOVITZKY, RICHARD A	62 NAME	William Thomas Gaynor Jr.	
STREET ADDRESS	3209 BROADMOORE DRIVE	63 STREET ADDRESS	440 Mt. Rushmore Road	
CITY-ST-ZIP	RAPID CITY SD	64 CITY-ST-ZIP	Rapid City SD 57701	

14. I hereby certify that the information supplied with this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address.

SIGNATURE: John E. Wade

John E. Wade, Senior Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

February 24, 1995
Date

Daytime Phone #
(605) 348-1262

0400520 FH