FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:30

DOCUMENT # **P35296** **(3)**

1. Corporation Name
EBPLIFE INSURANCE COMPANY

Principal Place of Business
435 FORD RD.
SUITE 500
MINNEAPOLIS MN 55426
US

Mailing Address
435 FORD ROAD, SUITE 500
MINNEAPOLIS MN 55426

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/28/1991**
3a. Date of Last Report: **08/08/1994**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **73-1350270** ☐ 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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	SAGAN, WILLIAM E.	12 NAME		
STREET ADDRESS	435 FORD ROAD, SUITE 500	13 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	Vice President & Director	☒ Change ☐ Addition
NAME	NAGEL, KEVIN G.	22 NAME		
STREET ADDRESS	435 FORD ROAD, SUITE 500	23 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	ROUSSAINT, THOMAS A.	32 NAME		
STREET ADDRESS	435 FORD ROAD, SUITE 500	33 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	BETCHER, KURT	42 NAME		
STREET ADDRESS	435 FORD ROAD, SUITE 500	43 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE	President & Director	☒ Change ☐ Addition
NAME	KUCK, TIMOTHY W.	52 NAME		
STREET ADDRESS	435 FORD ROAD, SUITE 500	53 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	54 CITY-ST-ZIP		
TITLE	VD	61 TITLE	V.P. Secretary & Director	☒ Change ☐ Addition
NAME	MONTREUIL, CHARLES F.	62 NAME		
STREET ADDRESS	435 FORD ROAD, SUITE 500	63 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 if changed, added or deleted.

SIGNATURE: _____ Charles F. Montreuil 3-30-95 (612) 546-4353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0467416 FP

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EBP Life

EBPLife Insurance Company
435 Ford Road
Minneapolis, MN 55426-4907
(612) 546-4353

March 31, 1995

State of Florida
Division of Corporation
Annual Report Section
PO Box 1500
Tallahassee, FL 32302-1500

Re: Annual Report for EBPLife Insurance Company

Dear Sir or Madam:

Enclosed please find the completed Corporation Annual Report for EBPLife Insurance Company. Also enclosed is check number 134582 in the amount of $200.00 in payment of the filing fee.

Should you have any questions or require additional information, please contact me directly at (612) 525-7403.

Sincerely,

Ilse K. Rolf

Ilse K. Rolf
Legal Assistant

IKR/jmm

Enclosure

ilse/ebpl/florida

EBPLIFE INSURANCE COMPANY

OFFICERS AND DIRECTORS

OFFICERS

Timothy W. Kuck
President
EBPLife Insurance Company
435 Ford Road
Minneapolis, MN 55426
612/546-4353

Kevin G. Nagel
Senior Vice President
EBPLife Insurance Company
435 Ford Road
Minneapolis, MN 55426
612/546-4353

Kurt L. Betcher
Vice President & Treasurer
EBPLife Insurance Company
435 Ford Road
Minneapolis, MN 55426
612/546-4353

Jeffrey L. Wright
Vice President & Assistant Treasurer
EBPLife Insurance Company
435 Ford Road
Minneapolis, MN 55426
612/546-4353

Charles F. Montreuil
Vice President & Secretary
EBPLife Insurance Company
435 Ford Road
Minneapolis, MN 55426
612/546-4353

Gary R. Macomber
Assistant Secretary
EBPLife Insurance Company
435 Ford Road
Minneapolis, MN 55426
612/546-4353

DIRECTORS

William E. Sagan
Director
EBPLife Insurance Company
435 Ford Road
Minneapolis, MN 55426
612/546-4353

Kevin G. Nagel
Director
EBPLife Insurance Company
435 Ford Road
Minneapolis, MN 55426
612/546-4353

Timothy W. Kuck
Director
EBPLife Insurance Company
435 Ford Road
Minneapolis, MN 55426
612/546-4353

Charles F. Montreuil
Director
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612/546-4353

Thomas A. Toussaint
Director
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435 Ford Road
Minneapolis, MN 55426
612/546-4353

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Rev. 9/30/94