FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

EBPLIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
435 FORD RD. SUITE 500 MINNEAPOLIS MN 55426 US	435 FORD ROAD, SUITE 500 MINNEAPOLIS MN 55426

3. Date Incorporated or Qualified: 08/28/1991	3a. Date of Last Report: 04/04/1995
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	

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

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 _____

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAGAN, WILLIAM E. 435 FORD ROAD, SUITE 500 MINNEAPOLIS MN	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NAGEL, KEVIN G. 435 FORD ROAD, SUITE 500 MINNEAPOLIS MN	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROUSSAINT, THOMAS A. 435 FORD ROAD, SUITE 500 MINNEAPOLIS MN	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BETCHER, KURT 435 FORD ROAD, SUITE 500 MINNEAPOLIS MN	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD KUCK, TIMOTHY W. 435 FORD ROAD, SUITE 500 MINNEAPOLIS MN	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MONTREUIL, CHARLES F. 435 FORD ROAD, SUITE 500 MINNEAPOLIS MN	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D W.Terry Nofsinger 6975 Union Park Center, Suite 600 Midvale, UT 84047	☐ Change ☒ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Robert J. Levenson 401 Hackensack Avenue Hackensack, NJ 07601	☐ Change ☒ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	V Toussaint	☒ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D David P. Bailis 2121 N. 117th Avenue Omaha, NE 68164	☐ Change ☒ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	P/D	☒ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	V/S/D	☒ Change ☐ Addition

CR2E034 (12/95)

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 or added by an attachment with an address.

SIGNATURE: Charles F. Montreuil (612) 546-4353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number