

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business 21 600 S. Highway 169 Suite, Apt. #, etc. 22 500 City & State 23 Minneapolis, MN Zip 24 55426	2a. Mailing Address 26 P.O. Box 27907 Suite, Apt. #, etc. 27 City & State 28 Golden Valley, MN Zip 29 55427	3. Date Incorporated or Qualified 08/28/1991	4. FEI Number 73-1350270	Applied For Not Applicable
25 USA	30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 85 Zip Code FL
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME DREISBACH, GEORGE W. STREET ADDRESS 6975 UNION PARK CENTER SUITE 600 CITY-ST-ZIP MIDVALE UT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE V/S 12 NAME Schnabel, Sandy L. 13 STREET ADDRESS 600 S. Hwy 169, Suite 500 14 CITY-ST-ZIP Mpls, MN 55426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME NAGEL, KEVIN G. STREET ADDRESS 435 FORD ROAD, SUITE 500 CITY-ST-ZIP MINNEAPOLIS MN	<input type="checkbox"/> DELETE	2.1 TITLE P/D 22 NAME Nagel, Kevin G. 23 STREET ADDRESS 600 S. Hwy 169, Suite 500 2.4 CITY-ST-ZIP Mpls, MN 55426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME STROH, THOMAS A. STREET ADDRESS 435 FORD ROAD, SUITE 500 CITY-ST-ZIP MINNEAPOLIS MN	<input type="checkbox"/> DELETE	3.1 TITLE V/T/D 32 NAME Stroh, Thomas A. 33 STREET ADDRESS 600 S. Hwy 169, Suite 500 34 CITY-ST-ZIP Mpls, MN 55426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BAILIS, DAVID P. STREET ADDRESS 2121 NORTH 117TH AVENUE CITY-ST-ZIP OMAHA NE	<input type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME Baillis, David P. 43 STREET ADDRESS 5660 New Northside Dr. 44 CITY-ST-ZIP Atlanta, GA 30328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME KUCK, TIMOTHY W. STREET ADDRESS 435 FORD ROAD, SUITE 500 CITY-ST-ZIP MINNEAPOLIS MN	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME Levenson, Robert J. 53 STREET ADDRESS 401 Hackensack Ave. 54 CITY-ST-ZIP Hackensack, NJ 07601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VT NAME WICKLUND, DENNIS P. STREET ADDRESS 435 FORD ROAD, SUITE 500 CITY-ST-ZIP MINNEAPOLIS MN	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D 6.2 NAME Adrean, Lee 63 STREET ADDRESS 5660 New Northside Dr. 64 CITY-ST-ZIP Atlanta, GA 30328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0703(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 on an attachment with an address.

SIGNATURE: _____

Sandra Schnabel

4/30/98 (1012) 525-16703

CR2E034 (10/97)