

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

FILED

Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90002 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35296

1. Corporation Name

EBPLIFE INSURANCE COMPANY

Principal Place of Business

600 S HWY 169
500
MINN MN 55426
US

Mailing Address

POB 27907
GOLDEN VALLEY MN 55427
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1991

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VS
NAME SCHNABEL, S L
STREET ADDRESS 600 S HWY 169, 500
CITY-ST-ZIP MPLS MN 55426

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE PD
NAME NAGEL, KEVIN G.
STREET ADDRESS 600 S HWY 169, 500
CITY-ST-ZIP MPLS MN 55246

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE VTD
NAME STROH, THOMAS A.
STREET ADDRESS 600 S HWY 169, 500
CITY-ST-ZIP MPLS MN 55426

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME BAILIS, DAVID P.
STREET ADDRESS 5660 NEW NORTHSIDE DR
CITY-ST-ZIP ATLANTA GA 30328

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME LEVENSON, R J
STREET ADDRESS 401 HACKENSACK AVE
CITY-ST-ZIP HACKENSACK NJ 07601

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME ADREAN, L
STREET ADDRESS 5660 NEW NORTHSIDE DR
CITY-ST-ZIP ATLANTA GA 30328

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. STROH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

612-541-6543

Date

Daytime Phone #

CR2E034 (1/1/99)