

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

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90031 023 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P28807**

1. Corporation Name  
**RELIASTAR MORTGAGE CORPORATION**  
*Principal Wholesale Mortgage, Inc.*



Principal Place of Business Mailing Address  
**3015 HARTLEY RD., SUITE 15 JACKSONVILLE FL 32257**  
**7015 VISTA DR WEST DES MOINES IA 50266 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 <i>711 High Street</i>		26 <i>711 High Street</i>		04/03/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		06-1245233	
City & State		City & State		Applied For	
23 <i>Des Moines IA</i>		28 <i>Des Moines IA</i>		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 <i>50392</i> 25 <i>USA</i>		29 <i>50392</i> 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 <i>50392</i> 25 <i>USA</i>				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 \_\_\_\_\_ **SEE ATTACHMENT A**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>D/C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>KUK, KENNETH U.</b>			1.2 NAME	<i>J. Barry Griswell</i>		
STREET ADDRESS	<b>100 WASHINGTON SQUARE</b>			1.3 STREET ADDRESS	<i>711 High Street</i>		
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>			1.4 CITY-ST-ZIP	<i>Des Moines IA 50392</i>		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>JAMES, LAWRENCE E.</b>			2.2 NAME	<i>Paul F. Bognanno</i>		
STREET ADDRESS	<b>7015 VISTA DRIVE</b>			2.3 STREET ADDRESS	<i>711 High Street</i>		
CITY-ST-ZIP	<b>W. DES MOINES IA 50266</b>			2.4 CITY-ST-ZIP	<i>Des Moines IA 50392</i>		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BERGEN, SUSAN M</b>			3.2 NAME	<i>Joyce N. Hoffman</i>		
STREET ADDRESS	<b>20 WASHINGTON AVE S</b>			3.3 STREET ADDRESS	<i>711 High Street</i>		
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>			3.4 CITY-ST-ZIP	<i>Des Moines IA 50392</i>		
TITLE	<b>SVP</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BRECHTEL, WILLIAM J.</b>			4.2 NAME	<i>Jon K. Baymiller</i>		
STREET ADDRESS	<b>7015 VISTA DRIVE</b>			4.3 STREET ADDRESS	<i>711 High Street</i>		
CITY-ST-ZIP	<b>WEST DES MOINES IA</b>			4.4 CITY-ST-ZIP	<i>Des Moines, IA 50392</i>		
TITLE	<b>SVP</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ANDERSON, ARDYS</b>			5.2 NAME			
STREET ADDRESS	<b>7015 VISTA DRIVE</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WEST DES MOINES IA</b>			5.4 CITY-ST-ZIP			
TITLE	<b>SVP</b>	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BRECHTEL, WILLIAM</b>			6.2 NAME	<i>Craig L. Bassett</i>		
STREET ADDRESS	<b>7015 VISTA DR</b>			6.3 STREET ADDRESS	<i>711 High Street</i>		
CITY-ST-ZIP	<b>WEST DES MOINES IA</b>			6.4 CITY-ST-ZIP	<i>Des Moines IA 50392</i>		

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: *Mary L. Bricker* **MARY L. BRICKER** 4/14/99 515/247-5111

CR2E034 (11/98)

**Attachment A**  
**Principal Wholesale Mortgage, Inc.**  
**Directors and Officers**

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09-Apr-99

**Director**

**Name, Title, and Date Elected**

<b>J. Barry Griswell</b> Chairman	7/31/1998
<b>Jon K. Baymiller</b>	7/31/1998
<b>Paul F. Bognanno</b>	7/31/1998
<b>Charlotte I. Catalfo</b>	7/31/1998

**Officer**

**Name, Title, and Date Elected**

<b>Paul F. Bognanno</b> President and CEO	7/31/1998
<b>Jon K. Baymiller</b> Executive Vice President and Secretary	7/31/1998
<b>Charlotte I. Catalfo</b> Executive Vice President and Secretary	7/31/1998
<b>Scott T. Kreger</b> Senior Vice President	7/31/1998
<b>Steven K. Olson</b> Senior Vice President and Secretary	7/31/1998
<b>Stephen G. Gallaher</b> Senior Vice President, Counsel and Secretary	7/31/1998
<b>Bradley G. Jensen</b> Senior Vice President, Secretary and Chief Financial Officer	7/31/1998
<b>Ardys A. Anderson</b> Senior Vice President and Assistant Secretary	7/31/1998
<b>James C. Bowen, Jr.</b> Senior Vice President and Assistant Secretary	7/31/1998
<b>Richard T. Cirelli</b> Vice President	7/31/1998
<b>Thomas J. Hauser</b> Vice President	7/31/1998
<b>Jason K. Oshima</b> Vice President	7/31/1998
<b>Ellen A. Yoshioka</b> Vice President	7/31/1998
<b>Dennis J. Slauson</b> Vice President and Secretary	7/31/1998
<b>Joyce N. Hoffman</b> Vice President and Corporate Secretary	7/31/1998
<b>Elizabeth A. Hummel</b> Vice President and Secretary - Default Administration	7/31/1998
<b>Becky S. Dentel</b> Vice President, Secretary, and Controller	7/31/1998
<b>Lawrence G. Doss</b> Assistant Vice President	7/31/1998
<b>Sherry L. Allen</b> Assistant Vice President and Assistant Secretary	7/31/1998
<b>Alan W. Jackson</b> Director and Secretary - Compliance and Government Issues	7/31/1998
<b>Craig L. Bassett</b> Treasurer	7/31/1998

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<b>Mary L. Bricker</b>	7/31/1998
Assistant Corporate Secretary	
<b>James E. Begg</b>	7/31/1998
Assistant Secretary	
<b>Lisa I. Jones</b>	7/31/1998
Assistant Secretary	
<b>Cheryl K. Kammeyer</b>	7/31/1998
Assistant Secretary	
<b>Ann M. Peterson</b>	7/31/1998
Assistant Secretary	
<b>Gerald D. Pyron-Almaguer</b>	7/31/1998
Assistant Secretary	
<b>Shirley A. Reynard</b>	7/31/1998
Assistant Secretary	
<b>Kelly K. Tramel</b>	7/31/1998
Assistant Secretary	
<b>Charles J. Davis</b>	7/31/1998
Counsel	
<b>Jeffrey M. Pierick</b>	7/31/1998
Counsel	
<b>William R. Vipond</b>	7/31/1998
Counsel	
<b>Rosalie M. Silva</b>	7/31/1998
Western Regional Operations Manager	
<b>Corporation Address/Address for all Directors and Officers</b>	
711 High Street, Des Moines, Iowa 50392	