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 FEB -6 PM 4:41

DOCUMENT # **841430** **(2)**

1. Corporation Name
MUTUAL SERVICE LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
TWO PINE TREE DRIVE P.O. BOX 64035 SAINT PAUL MN 55164	TWO PINE TREE DRIVE P.O. BOX 64035 SAINT PAUL MN 55164

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/12/1978
3a. Date of Last Report: 02/04/1994

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

4. FEI Number: 41-0203970 ☐ 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

FLORIDA STATE INSURANCE COMMISSIONER
CAPITAL BUILDING
TALLAHASSEE, FL. FL 32304

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	V	1.1 TITLE	☐ Change ☐ Addition
NAME	GAECKE, ROBERT L.	1.2 NAME	
STREET ADDRESS	3650 GETTYSBURG AVE. S.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS PARK MN	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	☐ Change ☐ Addition
NAME	ROHDE, STEPHEN L.	2.2 NAME	
STREET ADDRESS	1985 BAYARD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL MN	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	ZINN JR, CHESTER A	3.2 NAME	
STREET ADDRESS	6233 KNOLL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☒ Change ☐ Addition
NAME	VAN HOUTEN, JAMES F.	4.2 NAME	
STREET ADDRESS	2201 AUSTRIAN PINE LANE	4.3 STREET ADDRESS	1160 Cushing Circle, #210
CITY-ST-ZIP	MINNETONKA MN	4.4 CITY-ST-ZIP	St. Paul, MN 55108
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	ALAN P. BLACKWELL	5.2 NAME	
STREET ADDRESS	12405 88TH PLACE N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAPLE GROVE MN 55369	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	V ☒ Change ☐ Addition
NAME	SYCHOWSKI, JEROME L	6.2 NAME	Joseph R. Powers
STREET ADDRESS	3990 VIRGINIA AVE	6.3 STREET ADDRESS	15375 Stanbury Curve
CITY-ST-ZIP	SHOREVIEW MN	6.4 CITY-ST-ZIP	Eden Prairie, MN 55347

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 on an attachment with an address.

SIGNATURE: Chester A. Zinn Jr. Chester A. Zinn, Jr. 1/27/95 612/631-7010
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0385126 CP

MUTUAL SERVICE LIFE INSURANCE COMPANY

BOARD OF DIRECTORS

John B. Shaffer
(Chairman of the Board)
Shaffer Farms, Inc.
Route 3, Box 157
Pipestone, MN 56164

Donald R Armstrong
(Vice Chairman of the Board)
2568 Tekonsha Trail
Indian Lakes Estates
Okemos, MI 48864

Bruce G. Anderson
ALCECO (Albert City Elevator)
P.O. Box 38
Albert City, IA 50510

John Clark Boatman
Luckey Farmers, Inc.
1200 W. Main
Woodville, OH 43469

Burdette L. Frew
MFA Incorporated
615 Locust Street
Columbia, MO 65201

Donald R. Gilles
Durand Cooperative
P.O. Box 250, 514 East Main
Durand, WI 54736

Eugene N. Hager
R. #1, Box 84
St. Peter, MN 56082

Norman T. Jones
GROWMARK, Inc.
1701 Towanda Avenue
Bloomington, IL 61701

Gasper Kovach, Jr.
HESCO
SR 540, P.O. Box K
Waverly, FL 33877

Lawrence W. Murry
3225 Halder Drive
Mosinee, WI 54455

(2)

Dixie Lee Riddle
E. 11106 Moffat Road
Mead, WA 99021

MUTUAL SERVICE LIFE INSURANCE COMPANY

OFFICERS (cont.)

List of Officers	Title	Address
Donald M. Gray	V	321 Ascot Court New Brighton, MN 55112
Alan T. Reiss	V	1827 Park Avenue Mahtomedi, MN 55115
Randall I. Stoneking	V	2525 Wilshire Court Mendota Heights, MN 55125
Gilbert F. Wenzel	V	9390 Knighton Avenue Woodbury, MN 55125
Michele Williams-Abbott	V	5610 Sycamore Lane Plymouth, MN 55442