

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 841430

FILED
Apr 10, 2002 8:00 AM
Secretary of State

Entity Name: MUTUAL SERVICE LIFE INSURANCE COMPANY

Current Principal Place of Business:

TWO PINE TREE DDRIVE
ARDEN HILLS, MN 55112 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 64035
ST. PAUL, MN 551740035 US

New Mailing Address:

FEI Number: 41-0203970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: GAECKE, ROBERT L
Address: 6566 FRANCE AVE S #808
City-St-Zip: EDINA, MN 55435

Title: VT () Delete
Name: ROHDE, STEPHEN L
Address: 1966 EDGCUMBE ROAD
City-St-Zip: ST. PAUL, MN

Title: VS () Delete
Name: PINGATORE, JOSEPH J
Address: 2954 HIGHCOURTE
City-St-Zip: ROSEVILLE, MN 55113

Title: P () Delete
Name: VAN HOUTEN, JAMES F
Address: 3832 W CALHOUN PARKWAY
City-St-Zip: MINNEAPOLIS, MN 334101172

Title: DC () Delete
Name: KOVACH, GASPER JR.
Address: 5916 SR 540, P.O. BOX K
City-St-Zip: WAVERLY, FL 33877

Title: DVC () Delete
Name: BOHMAN, TERRENCE J
Address: 1300 CORPORATE CENTER CURVE
City-St-Zip: EAGAN, MN 55121

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH J. PINGATORE

VS

04/10/2002

Electronic Signature of Signing Officer or Director

Date