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

APPROVED AND FILED

95 MAR -7 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 854394 (4)

1. Corporation Name

THE MINISTERS LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
400 ROBERT ST N ST. PAUL MN 55101-2098 US	400 ROBERT ST N ST. PAUL MN 55101-2098 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/15/1982	3a. Date of Last Report: 05/01/1994
4. FEI Number: 41-1412669	☐ 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	

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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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	DCEO	1.1 TITLE	PCEO	☐ Change ☐ Addition
NAME	MCELHANEY, JACK B	1.2 NAME		
STREET ADDRESS	400 N ROBERT ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PAUL, MN 00000	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	BLOOMFIELD, COLEMAN	2.2 NAME	Strong, Gregory S.	
STREET ADDRESS	400 N ROBERT ST	2.3 STREET ADDRESS	400 Robert Street North	
CITY-ST-ZIP	ST PAUL, MN 00000	2.4 CITY-ST-ZIP	St. Paul, MN 55101	
TITLE	VPC	3.1 TITLE		☐ Change ☐ Addition
NAME	HENKEL, ARNOLD D	3.2 NAME		
STREET ADDRESS	400 N ROBERT ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PAUL, MN 00000	3.4 CITY-ST-ZIP		
TITLE	VPA	4.1 TITLE	VPC	☑ Change ☐ Addition
NAME	SENKLER, ROBERT L	4.2 NAME	Prorok sky, Dennis E.	
STREET ADDRESS	400 N ROBERT ST	4.3 STREET ADDRESS	400 Robert Street North	
CITY-ST-ZIP	ST PAUL, MN 00000	4.4 CITY-ST-ZIP	St. Paul, MN 55101	
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	FEUERHERM, FREDERICK P III	5.2 NAME		
STREET ADDRESS	400 N ROBERT ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PAUL, MN 00000	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	ROSE, PAMELA S	6.2 NAME		
STREET ADDRESS	400 N ROBERT ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PAUL, MN 00000	6.4 CITY-ST-ZIP		

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)(k), 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: Gregory S. Strong Gregory S. Strong 3/3/95 612-298-3500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0477348 FD