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 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 804408 (3)

1. Corporation Name
THE MINNESOTA MUTUAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
400 NORTH ROBERT ST ST PAUL MN 55101-098 US	400 NORTH ROBERT ST ST PAUL MN 55101-098 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
07/13/1948	05/01/1994

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 / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 41-0417830 ☐ 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

INSURANCE COMMISSIONER
CAPITOL BLDG
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	P	1.1 TITLE	P CEO	☑ Change ☐ Addition
NAME	CLYMER, JOHN A	1.2 NAME	Senkler, Robert L.	
STREET ADDRESS	400 ROBERT STREET NORTH	1.3 STREET ADDRESS	400 Robert Street North	
CITY-ST-ZIP	ST PAUL MN 98	1.4 CITY-ST-ZIP	St. Paul, MN 55101	
TITLE	CD	2.1 TITLE	VPT	☑ Change ☐ Addition
NAME	BLOOMFIELD, COLEMAN	2.2 NAME	Gooding, Paul H.	
STREET ADDRESS	400 ROBERT STREET NORTH	2.3 STREET ADDRESS	400 Robert Street North	
CITY-ST-ZIP	ST PAUL MN 98	2.4 CITY-ST-ZIP	St. Paul, MN 55101	
TITLE	SVP	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, JAMES E	3.2 NAME		
STREET ADDRESS	400 ROBERT STREET NORTH	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PAUL MN 98	3.4 CITY-ST-ZIP		
TITLE	VPCS	4.1 TITLE	VPCS	☑ Change ☐ Addition
NAME	HASLING, ROBERT J	4.2 NAME	Protofsky, Dennis	
STREET ADDRESS	400 ROBERT STREET NORTH	4.3 STREET ADDRESS	400 Robert Street North	
CITY-ST-ZIP	ST PAUL MN 98	4.4 CITY-ST-ZIP	St. Paul, MN 55101	
TITLE	VP	5.1 TITLE		☐ Change ☐ Addition
NAME	STRONG, GREGORY S	5.2 NAME		
STREET ADDRESS	400 ROBERT STREET NORTH	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PAUL MN 98	5.4 CITY-ST-ZIP		
TITLE	EVP	6.1 TITLE		☐ Change ☐ Addition
NAME	HUNSTAD, ROBERT E.	6.2 NAME		
STREET ADDRESS	400 ROBERT STREET NORTH	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PAUL MN 98	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)(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: Dale R. Kain Dale R. Kain 2/27/95 612-298-3500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0477347 FP