

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 804408 (3)
1. Corporation Name
THE MINNESOTA MUTUAL LIFE INSURANCE COMPANY



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

Mailing Address
400 NORTH ROBERT ST
ST PAUL MN 55101-098
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/13/1948		3a. Date of Last Report 03/07/1995	
21		26		4. FEI Number 41-0417830		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and blank if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	Second VP + Corp. Tax Authority
NAME	SENKLER, ROBERT L.	1.2 NAME	Leslie J. Chapman
STREET ADDRESS	400 ROBERT STREET, NORTH	1.3 STREET ADDRESS	400 Robert Street North
CITY- ST- ZIP	ST. PAUL MN	1.4 CITY- ST- ZIP	St. Paul, MN 55101
TITLE	VPT	2.1 TITLE	
NAME	GOODING, PAUL H.	2.2 NAME	
STREET ADDRESS	400 ROBERT STREET, NORTH	2.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PAUL MN	2.4 CITY- ST- ZIP	
TITLE	SVP	3.1 TITLE	
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	
NAME	PROHOFSKY, DENNIS	4.2 NAME	
STREET ADDRESS	400 ROBERT STREET, NORTH	4.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PAUL MN	4.4 CITY- ST- ZIP	
TITLE	VP	5.1 TITLE	
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	
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)(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: *Leslie J. Chapman* Leslie J. Chapman

1/24/96 612/298-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)