

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 55101-2015 US
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2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 07/13/1948		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 41-0417830		Applied For Not Applicable			
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24 Country	29 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 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 _____ Signature, typed or printed name of registered agent and title, if applicable. (NO. 1. If signed Agent signature required when renewing.) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCEO	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SENKLER, ROBERT L.			1.2 NAME			
STREET ADDRESS	400 ROBERT STREET, NORTH			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PAUL MN			1.4 CITY-ST-ZIP			
TITLE	VPT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	SVPCS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PROHOFKY, 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	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Keslie J. Chape* 1/22/97 612/298-3500

CR2E034 (9/96)