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Secretary of State

03-10-1999 90278 031 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 804408

1. Corporation Name

MINNESOTA 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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1948

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	SENKLER, ROBERT L.	
STREET ADDRESS	400 ROBERT STREET, NORTH	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	GOODING, PAUL H.	
STREET ADDRESS	400 ROBERT STREET, NORTH	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	JOHNSON, JAMES E	
STREET ADDRESS	400 ROBERT STREET NORTH	
CITY-ST-ZIP	ST PAUL MN 98	
TITLE	VPCS	<input type="checkbox"/> DELETE
NAME	PROHOFSKY, DENNIS	
STREET ADDRESS	400 ROBERT STREET, NORTH	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STRONG, GREGORY S	
STREET ADDRESS	400 ROBERT STREET NORTH	
CITY-ST-ZIP	ST PAUL MN 98	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	HUNSTAD, ROBERT E.	
STREET ADDRESS	400 ROBERT STREET NORTH	
CITY-ST-ZIP	ST PAUL MN 98	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bruder, John	
1.3 STREET ADDRESS	400 Robert Street North	
1.4 CITY-ST-ZIP	St. Paul MN 55101	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Campbell, Keith	
2.3 STREET ADDRESS	400 Robert Street North	
2.4 CITY-ST-ZIP	St. Paul MN 55101	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sullivan, Terrence	
3.3 STREET ADDRESS	400 Robert Street North	
3.4 CITY-ST-ZIP	St. Paul MN 55101	
4.1 TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wallake, Randy	
5.3 STREET ADDRESS	400 Robert Street North	
5.4 CITY-ST-ZIP	St. Paul MN 55101	
6.1 TITLE	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Westhoff, William	
6.3 STREET ADDRESS	400 Robert Street North	
6.4 CITY-ST-ZIP	St. Paul MN 55101	

14. I 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, with all other like empowered.

SIGNATURE:

Gregory S. Strong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99
Date

651-665-3500
Daytime Phone #

CR2E034 (1/98)