

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804408

FILED  
Feb 07, 2012  
Secretary of State

**Entity Name:** MINNESOTA LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

400 ROBERT ST NORTH  
SAINT PAUL, MN 55101 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 ROBERT ST NORTH  
SAINT PAUL, MN 55101 US

**New Mailing Address:**

**FEI Number:** 41-0417830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P/C  
**Name:** SENKLER, ROBERT L.  
**Address:** 400 ROBERT STREET, NORTH  
**City-St-Zip:** SAINT PAUL, MN 55101

**Title:** T  
**Name:** LEPLAVY, DAVID J  
**Address:** 400 ROBERT STREET, NORTH  
**City-St-Zip:** ST. PAUL, MN 55101

**Title:** VP  
**Name:** CHAPMAN, LESLIE J  
**Address:** 400 ROBERT STREET NORTH  
**City-St-Zip:** SAINT PAUL, MN 55101

**Title:** S  
**Name:** PROHOFSKY, DENNIS E  
**Address:** 400 ROBERT STREET, NORTH  
**City-St-Zip:** SAINT PAUL, MN 55101

**Title:** AS  
**Name:** CZARNETZKI, DEAN  
**Address:** 400 ROBERT STREET NORTH  
**City-St-Zip:** SAINT PAUL, MN 55101

**Title:** EVP  
**Name:** ZACCARO, WARREN J  
**Address:** 400 ROBERT STREET NORTH  
**City-St-Zip:** SAINT PAUL, MN 55101

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DEAN CZARNETZKI

AS

02/07/2012

Electronic Signature of Signing Officer or Director

Date