

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90215 023 \*\*\*150.00

DOCUMENT # 841430

1. Corporation Name

MUTUAL SERVICE LIFE INSURANCE COMPANY

Principal Place of Business

TWO PINE TREE DRIVE  
ARDEN HILLS MN 55112  
US

Mailing Address

P.O. BOX 64035  
ST. PAUL MN 56164-0035  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1978

4. FEI Number

41-0203970

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24 25 29 55164-0035 30

9. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER  
CAPITAL BUILDING  
TALLAHASSEE, FL. FL 32304

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	V	<input type="checkbox"/> DELETE
NAME	GAECKE, ROBERT L.	
STREET ADDRESS	4556 NIAGARA LN NORTH	
CITY-ST-ZIP	PLYMOUTH MN	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ROHDE, STEPHEN L.	
STREET ADDRESS	1966 EDGCUMBE ROAD	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	PINGATORE, JOSEPH J	
STREET ADDRESS	TWO PINE TREE DR	
CITY-ST-ZIP	ARDEN HILLS MN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VAN HOUTEN, JAMES F.	
STREET ADDRESS	401 SOUTH FIRST STREET, #1811	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALAN P. BLACKWELL	
STREET ADDRESS	12405 88TH PLACE N.	
CITY-ST-ZIP	MAPLE GROVE MN 55369	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRAY, DONALD M	
STREET ADDRESS	321 ASCOT CT	
CITY-ST-ZIP	NEW BRIGHTON MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	55446
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	55116
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	55113
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3832 W. Calhoun Parkway
4.4 CITY-ST-ZIP	Minneapolis, MN 55410-1171
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	55112

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:

Joseph J. Pingatore

1/19/99

651-631-7794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)