

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841430

1. Entity Name

MUTUAL SERVICE LIFE INSURANCE COMPANY

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90017 036 ***150.00

Principal Place of Business PINE TREE DRIVE HILLS MN 55112	Mailing Address P.O. BOX 64035 ST. PAUL MN 55174 US
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00023765



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 64035 Suite, Apt. #, etc.	
City & State		City & State St. Paul, MN	
Zip	Country	Zip	Country
		55164-0035	

4. FEI Number 41-0203970	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLORIDA STATE INSURANCE COMMISSIONER CAPITAL BUILDING TALLAHASSEE, FL. FL 32304	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAECKE, ROBERT L. 4556 NIAGARA LN NORTH PLYMOUTH MN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6566 France Ave S., No. 808 Edina, MN 55435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ROHDE, STEPHEN L. 1966 EDGCUMBE ROAD ST. PAUL MN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PINGATORE, JOSEPH J TWO PINE TREE DR ARDEN HILLS MN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2954 Highcourte Roseville, MN 55113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN HOUTEN, JAMES F. 3832 W CALHOUN PARKWAY MINNEAPOLIS MN 33410-1172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALAN P. BLACKWELL 12405 88TH PLACE N. MAPLE GROVE MN 55369 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11335 Louisiana Circle S Bloomington, MN 55438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAY, DONALD M 321 ASCOT CT NEW BRIGHTON MN <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Radermacher, Frank J. 3106 Zarthan Ave South St. Louis Park, MN 55416

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph J. Pingatore 2/11/00 651/631-7794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)