

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 19, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 841430**1. Entity Name  
**MUTUAL SERVICE LIFE INSURANCE COMPANY**

Principal Place of Business	Mailing Address
TWO PINE TREE D DRIVE	P.O. BOX 64035
ARDEN HILLS MN 55112 US	ST. PAUL MN 551740035 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**41-0203970**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER**  
**CAPITAL BUILDING****TALLAHASSEE, FL 32304 US**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_ **04/19/2001**

Signature, typed or printed name of registered agent and title if applicable.

(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) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	RADERMACHER FRANK J	
STREET ADDRESS	3106 ZARTHAN AVE SOUTH	
CITY-ST-ZIP	ST LOUIS PARK MN 55416	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALAN P. BLACKWELL	
STREET ADDRESS	11335 LOUISIANA CIRCLE S	
CITY-ST-ZIP	BLOOMINGTON MN 55438	
TITLE	P	<input type="checkbox"/> Delete
NAME	VAN HOUTEN, JAMES F.	
STREET ADDRESS	3832 W CALHOUN PARKWAY	
CITY-ST-ZIP	MINNEAPOLIS MN 334101172	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PINGATORE JOSEPH J	
STREET ADDRESS	2954 HIGHCOURTE	
CITY-ST-ZIP	ROSEVILLE MN 55113	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ROHDE, STEPHEN L.	
STREET ADDRESS	1966 EDGCUMBE ROAD	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	V	<input type="checkbox"/> Delete
NAME	GAECKE, ROBERT L.	
STREET ADDRESS	6566 FRANCE AVE S #808	
CITY-ST-ZIP	EDINA MN 55435	

TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHMAN TERRENCE J	
STREET ADDRESS	1300 CORPORATE CENTER CURVE	
CITY-ST-ZIP	EAGAN MN 55121	
TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVACH GASPER JR.	
STREET ADDRESS	5916 SR 540, P.O. BOX K	
CITY-ST-ZIP	WAVERLY FL 33877	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN HOUTEN JAMES F	
STREET ADDRESS	3832 W CALHOUN PARKWAY	
CITY-ST-ZIP	MINNEAPOLIS MN 334101172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHDE STEPHEN L	
STREET ADDRESS	1966 EDGCUMBE ROAD	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAECKE ROBERT L	
STREET ADDRESS	6566 FRANCE AVE S #808	
CITY-ST-ZIP	EDINA MN 55435	

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

VS

04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)