2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State
05-18-2005 90024 032 ***150.00

DOCUMENT # 841430

1. Entity Name
MUTUAL SERVICE LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
TWO PINE TREE DDRIVE ARDEN HILLS, MN 55112 US	P.O. BOX 64035 ST. PAUL, MN 55174-0035 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1701 Towanda Ave. Suite, Apt. #, etc.
City & State	City & State: Bloomington, IL
Zip / Country	Zip: 61701 / Country: US

01202005 Chg-P CR2E034 (10/03)

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 INSURANCE COMMISSIONER CAPITAL BUILDING TALLAHASSEE, FL 32304	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GAECKE, ROBERT L 6566 FRANCE AVE S #808 EDINA, MN 55435 ■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Barbara A. Baurer RR 1 Box 312 El Paso, IL 61738 ☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HANFLAND, WILLIAM J 1901 TOWANDA AVENUE BLOOMINGTON, IL 61702 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS PINGATORE, JOSEPH J 2954 HIGHCOURTE ROSEVILLE, MN 55113 ■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Paul M. Harmon 6 Clinton Place Normal, IL 61761 ☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BLACKBURN, JOHN D 1701 TOWANDA AVENUE BLOOMINGTON, IL 617022901 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chief Executive Officer ■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOVACH, GASPER JR. 5916 SR 540, P.O. BOX K WAVERLY, FL 33877 ■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director & President Philip Nelson 2975 N 35th Road Seneca, IL 61360 ☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOHMAN, TERRENCE J 1300 CORPORATE CENTER CURVE EAGAN, MN 55121 ■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director & Vice President Richard Guebert Jr. 7740 Robinson Road Ellis Grove, IL 62241 ☐ Change ■ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-6-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #