



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 841430</b> 1. Entity Name <b>MUTUAL SERVICE LIFE INSURANCE COMPANY</b>	
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Principal Place of Business <b>TWO PINE TREE DRIVE ARDEN HILLS, MN 55112 US</b>	Mailing Address <b>1701 TOWANDA AVE BLOOMINGTON, IL 61701 US</b>
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**DO NOT WRITE IN THIS SPACE**



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>41-0203970</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD, FORT LAUDERDALE, FL 33324</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

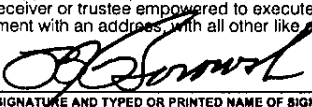
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAURER, BARBARA A RR 1 BOX 312 EL PASO, IL 61738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOCK, KURT 1701 TOWANDA AVENUE BLOOMINGTON, IL 61701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARMON, PAUL M 6 CLINTON PLACE NORMAL, IL 61761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BLACKBURN, JOHN D 1701 TOWANDA AVENUE BLOOMINGTON, IL 617022901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NELSON, PHILIP 2975 N. 35TH ROAD SENECA, IL 61360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GUEBERT, RICHARD JR 7740 ROBINSON ROAD ELLIS GROVE, IL 62241

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IN THIS SPACE**

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05/25/07-80035-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Peter J. Borowski** **4-27-07** **(309) 821-3596**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_