FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **853977** **(7)**

1. Corporation Name
AMERICAN PARTNERS LIFE INSURANCE COMPANY

Principal Place of Business
80 S. 8TH STREET
MINNEAPOLIS MN 55440-0534
US

Mailing Address
80 S. 8TH ST.
P. O. BOX 534
MINNEAPOLIS MN 55440-0534
US

3. Date Incorporated or Qualified: 09/03/1982
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 03-0281692 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301

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 of a new registered agent — NOTE: Registered Agent signature required for name change — DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	KLING, RICHARD W.	
STREET ADDRESS	80 S. 8TH ST.	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	PD	☐ DELETE
NAME	DAKAY, ALAN R.	
STREET ADDRESS	80 S. 8TH ST.	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VD	☐ DELETE
NAME	HART, LORRAINE R.	
STREET ADDRESS	80 S. 8TH ST.	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VSD	☐ DELETE
NAME	STOLTZMANN, WILLIAM A.	
STREET ADDRESS	80 S. 8TH ST.	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	~~VTD~~	☐ DELETE
NAME	URION, MELINDA S.	
STREET ADDRESS	80 S. 8TH ST.	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	V	☒ DELETE
NAME	HAWKINSON, SCOTT A.	
STREET ADDRESS	80 S. 8TH ST.	
CITY-ST-ZIP	MINNEAPOLIS MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		55440
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		55440
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		55440
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		55440
5.1 TITLE	VD	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		55440
6.1 TITLE	VT	☐ Change ☒ Addition
6.2 NAME	Morris Goodwin Jr.	
6.3 STREET ADDRESS	80 S. 8th St.	
6.4 CITY-ST-ZIP	Minneapolis, MN 55440	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: William A. Stoltzmann VP — 4/17/96 — 612-671-3794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William A. Stoltzmann

CR2E034 (12/95)