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	Mailing Address
80 S. 8TH STREET MINNEAPOLIS MN 55440-0534 US	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): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): 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: _____ NOTE: Registered Agent Signature required for electronic filing. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	KLING, RICHARD W.		1.2 NAME		
STREET ADDRESS	80 S. 8TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		1.4 CITY-ST-ZIP	55440	
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DAKAY, ALAN R.		2.2 NAME		
STREET ADDRESS	80 S. 8TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		2.4 CITY-ST-ZIP	55440	
TITLE	VD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HART, LORRAINE R.		3.2 NAME		
STREET ADDRESS	80 S. 8TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		3.4 CITY-ST-ZIP	55440	
TITLE	VSD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	STOLTZMANN, WILLIAM A.		4.2 NAME		
STREET ADDRESS	80 S. 8TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		4.4 CITY-ST-ZIP	55440	
TITLE	~~VTD~~	☐ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	URION, MELINDA S.		5.2 NAME		
STREET ADDRESS	80 S. 8TH ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		5.4 CITY-ST-ZIP	55440	
TITLE	V	☒ DELETE	6.1 TITLE	VT	☐ Change ☒ Addition
NAME	HAWKINSON, SCOTT A.		6.2 NAME	Morris Goodwin Jr.	
STREET ADDRESS	80 S. 8TH ST.		6.3 STREET ADDRESS	80 S. 8th St.	
CITY-ST-ZIP	MINNEAPOLIS MN		6.4 CITY-ST-ZIP	Minneapolis, MN 55440	

CR2E034 (12/95)

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)(i), 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