FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 853977

(7)

AMERICAN PARTNERS LIFE INSURANCE COMPANY

Pencipal Plac	e of Business	Mailing Address				
BO S. 8TH STREET BO S. 8TH ST. MINNEAPOLIS MN 55440-0534 P. O. BOX 534 US MINNEAPOLIS MN US		P. O. BOX 534 MINNEAPOLIS MIN 554404	I 55440-0534			Lee Cole of Law David
		03			3. Date Incorporated or Qualified 09/03/1982	3a. Date of Last Report 04/24/1996
	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21	#	26		·	03-0281692	Not Applicable
Suite, Apt	#, Cit	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	ia	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	28	Country		This corporation has fiability for	
24	25	29	30			☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	egistered Agent
STA	ITE INSURANCE COMMISSIONER		81	Name		
CAPITOL BLDG.			82	Street Ad	dress (P.O. Box Number is Not Accepta	bie)
TAL	LAHASSEE FL 32301		83			
			84	City		FL 85 Zip Code
11. Pursonnt office or agent. La	to the provisions of Sections 607,0502 registered agent, or both in the State of im familiar with, and accept the obliga	and 607.1508 Florida Statu of Florida Such change was tions of, Section 607.0505, Fl	tes, the above authorized by lorida Statutes	e-named co the corpor s.	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
SIGNATURE	for a like symbol process on a side registered agen	rand title * Apoidable (NO	TE Registered Age	nt signature rec	uired when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
M.E	CD	☐ DELETE	1 1 TUTLE	ĺ		Change Addition
HAME	KLING, RICHARD W.		1.2 NAME			
STREET ADDRESS	80 S. 8TH ST.		1.3 STREET	1		
CITY-ST-7#°	MINNEAPOLIS MN PD	X DELETE	1.4 CiTY - S 2.1 TiTLE	T-ZIP	@ PD	Change Addition
NAMI:	DAKAY, ALAN R.	Notice !	2.2 NAMÉ	4	Sedlacek Stuart A.	Una igu
STREET ADORESS	80 S. 8TH ST.		2.3 STREET	ADDRESS &	Strait 4.	
CHY-S1-24	MINNEAPOLIS MN		2. 4 CITY -	ST-ZIP 7	ninneapolis MN :	
1][[VD	DELFTE	3.1 TITLE			Change Addition
NAME	HART, LORRAINE R.		3.2 NAMÉ	1		
STREET ADDRESS	80 S. 8TH ST.		3.3 SYREET	ADDRESS		
(31) - S1 - Z#	MINNEAPOLIS MN		3.4. CITY-5	ST-ZIP	777781182014-10-1	
THILE	VSD	☐ DELETE	4 1 TITLE			Change Addition
NAME	STOLTZMANN, WILLIAM A.		4. 2 NAME	******		
STREET ACORESS	80 S. 8TH ST. MINNEAPOLIS MN		4.3 STREET	1		
0(1) - S1 - Z(P) 1(*) LE	VTD	DELFTE	4.4 CITY - S 5.1 TITLE		/D	Change Addition
NAME	URION, MELINDA S.	<u></u> 24	5.2 NAME	'	•	~ · · · · · · · · · · · · · · · · · · ·
SIBILI ADDRESS	80 S. 8TH ST.		5.3 STREET	ADDRESS		
C 1Y - S1 - 7IP	MINNEAPOLIS MN		5.4 CITY - S			
TITLE	Vī	DELETE	6.1 TITLE			Change Addition
NAME	MORRIS GOODWIN, JR.		6.2 NAME			
STREET ADERESS	80 S. 8TH ST.		6 3 STREET	ADORESS		
	MINIMEADOLIC MIN			v		

SIGNATURE:

14. I do 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 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 Book 12 or Block 13 if changed, or on an attachment with an address.

FILED

Feb 24 1997 8:00am

Secretary of State