

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853977

1. Entity Name

AMERICAN PARTNERS LIFE INSURANCE COMPANY

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90218 046 ***150.00

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number	03-0281692	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	---

11. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> Delete
NAME	KLING, RICHARD W.
STREET ADDRESS	80 S. 8TH ST.
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	VT <input type="checkbox"/> Delete
NAME	HORTON, JEFFREY S.
STREET ADDRESS	80 S. 8TH ST.
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	VD <input type="checkbox"/> Delete
NAME	HART, LORRAINE R.
STREET ADDRESS	80 S. 8TH ST.
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	VSD <input type="checkbox"/> Delete
NAME	STOLTZMANN, WILLIAM A.
STREET ADDRESS	80 S. 8TH ST.
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	VD <input type="checkbox"/> Delete
NAME	SEDLACEK, STUART A
STREET ADDRESS	80 S. 8TH ST.
CITY-ST-ZIP	MINNEAPOLIS MN 55440
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paula Meyer, Paula R.
STREET ADDRESS	80 S. 8th St.
CITY-ST-ZIP	Minneapolis, MN
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)