

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90045 036 ***150.00

DOCUMENT # 853977

1. Entity 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

2. Principal Place of Business

3. Mailing Address

227 Axp Financial Center 227 Axp Financial Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Minneapolis, MN

Minneapolis, MN

Zip

Country

Zip

Country

55474

55474

4. FEI Number 03-0281692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete
NAME KLING, RICHARD W.
STREET ADDRESS 80 S. 8TH ST.
CITY-ST-ZIP MINNEAPOLIS MN

TITLE ☒ Change ☐ Addition
NAME Timothy V. Bechtold
STREET ADDRESS 249 Axp Financial Center
CITY-ST-ZIP Minneapolis, MN 55474

TITLE VT ☐ Delete
NAME HORTON, JEFFREY S.
STREET ADDRESS 80 S. 8TH ST.
CITY-ST-ZIP MINNEAPOLIS MN

TITLE ☒ Change ☐ Addition
NAME David E. Yowan
STREET ADDRESS 227 Axp Financial Center
CITY-ST-ZIP Minneapolis, MN 55474

TITLE VD ☐ Delete
NAME HART, LORRAINE R.
STREET ADDRESS 80 S. 8TH ST.
CITY-ST-ZIP MINNEAPOLIS MN

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 264 Axp Financial Center
CITY-ST-ZIP Minneapolis, MN 55474

TITLE VSD ☐ Delete
NAME STOLTZMANN, WILLIAM A.
STREET ADDRESS 80 S. 8TH ST.
CITY-ST-ZIP MINNEAPOLIS MN

TITLE ☒ Change ☐ Addition
NAME Teresa J. Rasmussen
STREET ADDRESS 227 Axp Financial Center
CITY-ST-ZIP 52 Minneapolis, MN 55474

TITLE VD ☐ Delete
NAME SEDLACEK, STUART A
STREET ADDRESS 80 S. 8TH ST.
CITY-ST-ZIP MINNEAPOLIS MN 55440

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 110 Axp Financial Center
CITY-ST-ZIP Minneapolis, MN 55474

TITLE PD ☐ Delete
NAME MEYER, PAULA R
STREET ADDRESS 80 S. 8TH ST
CITY-ST-ZIP MINNEAPOLIS MN

TITLE ☒ Change ☐ Addition
NAME Guner C. Alvero
STREET ADDRESS 1765 Axp Financial Center
CITY-ST-ZIP Minneapolis, MN 55474

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-01 612-671-2120

CR2E034 (10/00)