

# 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**



DO NOT WRITE IN THIS SPACE

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
--	--

2. Principal Place of Business 227 Axp Financial Center Suite, Apt. #, etc.	3. Mailing Address 227 Axp Financial Center Suite, Apt. #, etc.
---	---

City & State Minneapolis, MN	City & State Minneapolis, MN	4. FEI Number 03-0281692	Applied For <input type="checkbox"/> Not Applicable
Zip 55474	Country	Zip 55474	Country

5. Certificate of Status Desired  **\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME KLING, RICHARD W. STREET ADDRESS 80 S. 8TH ST. CITY-ST-ZIP MINNEAPOLIS MN	<input type="checkbox"/> Delete	TITLE C/O NAME Timothy V. Bechtold STREET ADDRESS 249 AXP Financial Center CITY-ST-ZIP Minneapolis, MN 55474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VT NAME HORTON, JEFFREY S. STREET ADDRESS 80 S. 8TH ST. CITY-ST-ZIP MINNEAPOLIS MN	<input type="checkbox"/> Delete	TITLE V/T NAME David E. Yowan STREET ADDRESS 227 AXP Financial Center CITY-ST-ZIP Minneapolis, MN 55474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME HART, LORRAINE R. STREET ADDRESS 80 S. 8TH ST. CITY-ST-ZIP MINNEAPOLIS MN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 264 AXP Financial Center CITY-ST-ZIP Minneapolis, MN 55474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSD NAME STOLTZMANN, WILLIAM A. STREET ADDRESS 80 S. 8TH ST. CITY-ST-ZIP MINNEAPOLIS MN	<input type="checkbox"/> Delete	TITLE V/S/D NAME Teresa J. Rasmussen STREET ADDRESS 52 AXP Financial Center CITY-ST-ZIP 52 Minneapolis, MN 55474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME SEDLACEK, STUART A STREET ADDRESS 80 S. 8TH ST. CITY-ST-ZIP MINNEAPOLIS MN 55440	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 110 AXP Financial Center CITY-ST-ZIP Minneapolis, MN 55474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME MEYER, PAULA R STREET ADDRESS 80 S. 8TH ST CITY-ST-ZIP MINNEAPOLIS MN	<input type="checkbox"/> Delete	TITLE P/D NAME Guner C. Alvero STREET ADDRESS 1765 AXP Financial Center CITY-ST-ZIP Minneapolis, MN 55474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Timothy V. Bechtold Date: 4-26-01 Daytime Phone #: 612-671-2120

CR2E034 (10/00)