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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **854394** **(4)**

1. Corporation Name
THE MINISTERS LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
400 ROBERT ST N ST. PAUL MN 55101-2098 US	400 ROBERT ST N ST. PAUL MN 55101-2015 US

3. Date Incorporated or Qualified: **10/15/1982**
3a. Date of Last Report: **03/04/1996**

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: **41-1412669** ☐ 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

INSURANCE COMMISSIONER
THE CAPITOL
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 when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCELHANEY, JACK B		1.2 NAME	
STREET ADDRESS	400 N ROBERT ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL, MN 00000		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STRONG, GREGORY S		2.2 NAME	
STREET ADDRESS	400 ROBERT STREET NORTH		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL, MN 00000		2.4 CITY-ST-ZIP	
TITLE	VPC	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HENKEL, ARNOLD D		3.2 NAME	
STREET ADDRESS	400 N ROBERT ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL, MN 00000		3.4 CITY-ST-ZIP	
TITLE	VPC	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PROHOFSKY, DENNIS E		4.2 NAME	
STREET ADDRESS	400 ROBERT STREET NORTH		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL, MN 00000		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FEUERHERM, FREDERICK P III		5.2 NAME	
STREET ADDRESS	400 N ROBERT ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL, MN 00000		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ROSE, PAMELA S		6.2 NAME	
STREET ADDRESS	400 N ROBERT ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL, MN 00000		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gregory L Story 1/20/97 612/298-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0496772