Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90278 032 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 854394

1. Corporation Name

THE MINISTERS LIFE INSURANCE COMPANY

| Principal Place of Business |   |                              | Mailing Address          |                         |      |                               |  |  |
|-----------------------------|---|------------------------------|--------------------------|-------------------------|------|-------------------------------|--|--|
| 400 ROBERT STREET NORTH     |   |                              | ROBERT STREET NORTH      |                         |      |                               |  |  |
| T. PAUL MN 55101-2098       |   | ST. PAUL MN 55101-2098<br>US |                          |                         |      |                               | DO NOT WRITE IN THIS SPACE   |  |
| US .                        |   | uð                           |                          |                         |      |                               | 3. Date Incorporated or Qualifed   |  |
|                             |   |                              |                          |                         |      |                               | 10/15/1982   |  |
| 2. Principal Pl             | ace of Business   | 2a.                          | . Mailing Address        |                         |      |                               | 4. FEI Number Applied For  |  |
| 1                           |   | 26                           | •                        |                         |      |                               | 41-1412669 Not Applicable  |  |
| Suite, Apt.                 | #, etc.   |                              | Suite, Apt. #, etc.      |                         |      |                               | 5 Certificate of Status Desired \$8.75 Additional  |  |
| 2                           |   | 27                           |                          |                         |      |                               | - Fee Kequileu   |  |
| City & State                |   | City & State                 |                          |                         |      |                               | 6. Election Campaign Financing \$5.00 May Be   |  |
| 23                          |   | 28                           |                          | <u> </u>                |      |                               | Trust Fund Contribution Added to Fees  |  |
| Zip                         | Country   | -                            | Zip                      | Country                 | '    |                               | 8. This corporation owes the current year Intaggible Personal Property Tay  A Yes  No  |  |
| 14                          | 25  | 29                           | 30                       | <u> </u>                |      |                               | Personal Property Tax. Yes LJNo  10. Name and Address of New Registered Agent  |  |
|                             | 9. Name and Address of Current  | regis                        | eran Whaiir              | 81                      | Τ    | Name                          | in thems alter treatness of tree tredition traders   |  |
| INSU                        | RANCE COMMISSIONER  |                              |                          | <u> </u>                | L    |                               |  |  |
| THE CAPITOL                 |   |                              |                          | 82                      |      | Street Addre                  | ess (P.O. Box Number is Not Acceptable)  |  |
| TALLAHASSEE FL 32301        |   |                              |                          | 83                      | -    | <del></del>                   |  |  |
|                             |   |                              |                          |                         | L    |                               |  |  |
|                             | •   |                              |                          | 84                      |      | City                          | FL 85 Zip Code   |  |
| office or r                 | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State or<br>m familiar with, and accept the obligation | t Florid                     | da. Such change was auth | norizea by              | m    | named corpo<br>ne corporation | oration submits this statement for the purpose of changing its registered in's board of directors. I hereby accept the appointment as registered   |  |
|                             | Signature, typed or printed name of registered agent  |                              |                          | <u> </u>                | nt s | signature required            | When reinstating) DATE   |  |
| 12.                         | OFFICERS AND  | DIRE                         | ECTORS  DELETE           | 13.                     |      |                               | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| TITLE                       | PCEO  |                              | □ DELETE                 | 1.1 TITLE               |      |                               |  |  |
| NAME                        | MCELHANEY, JACK B   |                              |                          | 1.2 NAME                |      |                               |  |  |
| STREET ADDRESS              | 400 ROBERT STREET NORTH   |                              |                          | 1.3 STREE               |      |                               |  |  |
| CITY-ST-ZIP                 | ST. PAUL MN 55101-2098<br>VP  |                              | ☐ DELETE                 | 1.4 CITY-S<br>2.1 TITLE | T- 2 | ZIP                           | Change Addition  |  |
| TITLE                       | STRONG, GREGORY S   |                              | □ pttric                 | 2.1 IIILE<br>2.2 NAME   |      |                               |  |  |
| NAME                        | 400 ROBERT STREET NORTH   | •                            |                          | 2.3 STREE               | TAI  | IDDDESS                       |  |  |
| STREET ADDRESS              | ST. PAUL MN 55101-2098  |                              |                          | 2,4 CITY-5              |      |                               | the same of the sa |  |
| CITY-ST-ZIP<br>TITLE        | VPC   |                              | ☐ DELETE                 | 3.1 TITLE               | 31-  | - 2119                        | ☐ Change ☐ Addition  |  |
| NAME :                      | PROHOFSKY, DENNIS E   |                              |                          | 3.2 NAME                |      |                               | <del>-</del>   |  |
| STREET ADDRESS              | 400 ROBERT STREET NORTH   |                              |                          | 3.3 STREE               |      | NODRESS                       |  |  |
| CITY-ST-ZIP                 | ST. PAUL MN 55101-2098  |                              |                          | 3.4. CITY-S             |      |                               |  |  |
| TITLE                       | 1   |                              | ☐ DELETE                 | 4.1 TITLE               |      |                               | Change Addition  |  |
| NAME .                      | FEUERHERM, FREDERICK P  |                              |                          | 4, 2 NAME               |      |                               |  |  |
| STREET ADDRESS              | 400 DODEDT OTDEET MODELL  |                              |                          | 4,3 STREET              |      | ADDRESS                       |  |  |
| CITY-ST-ZIP                 | ST. PAUL MN 55101-2098  |                              |                          | 4.4 CITY-S              |      |                               |  |  |
| TITLE                       | S   | -                            | ☐ DELETE                 | 5.1 TITLE               |      |                               | ☐ Change ☐ Addition  |  |
| NAME                        | LESUE, HELEN  |                              |                          | 5.2 NAME                |      | ļ                             | •  |  |
| STREET ADDRESS              | 400 ROBERT STREET NORTH   |                              |                          | 5.3 STREE               | TA   | ADDRESS                       |  |  |
| CITY-ST-ZIP                 | ST. PAUL MN 55101-2098  |                              |                          | 5.4 CITY-S              | T-2  | ZIP                           |  |  |
| TITLE                       | S   |                              | DELETE                   | 6.1 TITLE               |      |                               | ☐ Change ☐ Addition  |  |
| NAME                        | ROSE, PAMELA S  |                              |                          | 6.2 NAME                |      |                               |  |  |
| STREET ADDRESS              | 400 DODEDT OTDEET MODTH   |                              |                          | 6.3 STREE               | TΑ   | ADDRESS                       |  |  |
| CITY-ST-ZIP                 | ST. PAUL MN 55101-2098  |                              |                          | 6.4 CITY-S              | iT-2 | ZIP                           |  |  |

ST. PAUL MN 55101-2098 14. 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 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, with all other like empowered.

SIGNATURE:

Jucay Strong Gregorature and Typed or Printed Name of Signing Officer or Director

Gregory Strong/VP

3/1/99

651-665-3500

Daytime Phone #