2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 854394 1. Entity Name

THE MINISTERS LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

00 ROBERT STREE ST. PAUL MN 55101 JS		400 ROBERT STREET NORTH ST. PAUL MN 55101-2015 US								
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State								
							Zip	Country	Zip	Country
								Name and Address of C	rrent Registered Agent	l

FILED Mar 21, 2000 8:00 am Secretary of State 03-21-2000 90093 049 ***150.00



Suite, Apt.														
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE									
City & State	•		City & State			4.	FEI Numb	er 🚜 4.	141000			Ap	plied For	
								141266	 -		No	t Applicable		
Zip Country Zip			Zip	ip Country							3.75 Additional Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent								
					-Name-			-						
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301					Street Address (P.O. Box Number is Not Acceptable)									
					City					F	L	Zip Code	e	
The above	named entity submits this s	tatement for th	e ourpose of changing it	s register	ed office or	registered ac	ent. or ba	th. in the	State of Flo	orida.				
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NOMETHOR														
SIGNATURE _	Signature, typed or printed name of re	gistered agent and	atle if applicable. (NO	TE: Registere	ed Agent signatur	e required when r	einstating)		-	DATE	Ē.			
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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