

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90219 003 ***150.00

DOCUMENT # 854394

1. Entity Name

~~THE MINISTERS LIFE INSURANCE COMPANY~~

Securian Life Insurance Company



Principal Place of Business
400 ROBERT STREET NORTH
ST. PAUL MN 55101-2098
US

Mailing Address
400 ROBERT STREET NORTH
ST. PAUL MN 55101-2098
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **41-1412669**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **STRONG, GREGORY S**
STREET ADDRESS **400 ROBERT STREET NORTH**
CITY-ST-ZIP **ST. PAUL MN 55101-2098**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPC** ☐ Delete
NAME **PROHOFSKY, DENNIS E**
STREET ADDRESS **400 ROBERT STREET NORTH**
CITY-ST-ZIP **ST. PAUL MN 55101-2098**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **FEUERHERM, FREDERICK P**
STREET ADDRESS **400 ROBERT STREET NORTH**
CITY-ST-ZIP **ST. PAUL MN 55101-2098**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **BALDWIN, ALFRIEDA**
STREET ADDRESS **400 ROBERT STREET NORTH**
CITY-ST-ZIP **SAINT PAUL MN 55101**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PCEO** ☐ Delete
NAME **SENKLER, ROBERT L**
STREET ADDRESS **400 ROBERT STREET NORTH**
CITY-ST-ZIP **ST. PAUL MN 55101-2098**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **FEURHERM, FREDERICK**
STREET ADDRESS **400 ROBERT ST. N.**
CITY-ST-ZIP **SAINT PAUL MN 55101**

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Leslie J. Chapman**
CITY-ST-ZIP **400 Robert St. N.**
St. Paul MN 55101

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leslie J. Chapman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03
Date

651-665-3500
Daytime Phone #

CR2E034 (10/02)