

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P03968 (5)

1. Corporation Name

CONGRESS LIFE INSURANCE COMPANY

95 MAR -7 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10901 RED CIRCLE DR.
MINNEAPOLIS MN 55343-9137

Mailing Address

10901 RED CIRCLE DR.
MINNEAPOLIS MN 55343-9137

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/06/1984
3a. Date of Last Report 04/11/1994

4. FEI Number 86-0200852
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLHASSEE 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MILLS, HARLAN CHASE
STREET ADDRESS	6881 COUNTRY CLUB DR
CITY - ST - ZIP	MINNEAPOLIS MN
TITLE	VSD
NAME	SORENSEN, STUART LEE
STREET ADDRESS	6881 COUNTRY CLUB DR
CITY - ST - ZIP	MINNEAPOLIS MN
TITLE	PD
NAME	MAXWELL, ROBERT OLIVER
STREET ADDRESS	6881 COUNTRY CLUB DR
CITY - ST - ZIP	MINNEAPOLIS MN
TITLE	VPD
NAME	CARLSON, CHARLES RICHARD
STREET ADDRESS	6881 COUNTRY CLUB DR
CITY - ST - ZIP	MINNEAPOLIS MN
TITLE	D
NAME	ROBBINS, OREM OLFORD
STREET ADDRESS	6881 COUNTRY CLUB DR
CITY - ST - ZIP	MINNEAPOLIS MN
TITLE	D
NAME	GERLACH, JOHN THOMAS
STREET ADDRESS	97 ONEIDA DRIVE
CITY - ST - ZIP	GREENWICH CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	10901 Red Circle Dr
14 CITY - ST - ZIP	Minnetonka MN 55343-9137
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	10901 Red Circle Dr.
24 CITY - ST - ZIP	Minnetonka MN 55343-9137
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	10901 Red Circle Dr.
34 CITY - ST - ZIP	Minnetonka MN 55343-9137
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	10901 Red Circle Dr
44 CITY - ST - ZIP	Minnetonka MN 55343-9137
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	10901 Red Circle Dr
54 CITY - ST - ZIP	Minnetonka MN 55343-9137
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	10901 Red Circle Dr.
64 CITY - ST - ZIP	Minnetonka MN 55343-9137

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Robert L. Heuer, VP* Robert L. Heuer, VP Date: 3/1/95 (612)544-9121