

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P03968** (5)

1. Corporation Name
CONGRESS LIFE INSURANCE COMPANY



Principal Place of Business: 10901 RED CIRCLE DR., MINNEAPOLIS MN 55343-9137
Mailing Address: 10901 RED CIRCLE DR., MINNEAPOLIS MN 55343-9137

3. Date Incorporated or Qualified: 11/06/1984
3a. Date of Last Report: 03/07/1995
4. FEI Number: 86-0200852
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, City & State, Zip, and 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 not filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLS, HARLAN CHASE	
STREET ADDRESS	10901 RED CIRCLE DR	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SORENSEN, STUART LEE	
STREET ADDRESS	10901 RED CIRCLE DR.	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAXWELL, ROBERT OLIVER	
STREET ADDRESS	10901 RED CIRCLE DR.	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CARLSON, CHARLES RICHARD	
STREET ADDRESS	10901 RED CIRCLE DR.	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBBINS, OREM OLFORD	
STREET ADDRESS	10901 RED CIRCLE DR.	
CITY-ST-ZIP	MINNETONKA MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GERLACH, JOHN THOMAS	
STREET ADDRESS	10901 RED CIRCLE DR.	
CITY-ST-ZIP	MINNETONKA MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE: *Robert O. Maxwell* Pres. Robert O. Maxwell (612) 544-2121
3-18-96

CR2E034 (12/95)