

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

FILED

**Jan 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 55343-9304
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21 2. Principal Place of Business	2a. Mailing Address
State, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3. Date Incorporated or Qualified 11/06/1984	3a. Date of Last Report 03/22/1996
4. FEI Number 86-0200852	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, HARLAN CHASE	12 NAME	
STREET ADDRESS	10901 RED CIRCLE DR	13 STREET ADDRESS	
CITY - ST - ZIP	MINNETONKA MN	14 CITY - ST - ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, STUART LEE	22 NAME	
STREET ADDRESS	10901 RED CIRCLE DR.	23 STREET ADDRESS	
CITY - ST - ZIP	MINNETONKA MN	24 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, ROBERT OLIVER	32 NAME	
STREET ADDRESS	10901 RED CIRCLE DR.	33 STREET ADDRESS	
CITY - ST - ZIP	MINNETONKA MN	34 CITY - ST - ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, CHARLES RICHARD	42 NAME	
STREET ADDRESS	10901 RED CIRCLE DR.	43 STREET ADDRESS	
CITY - ST - ZIP	MINNETONKA MN	44 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, OREM OLFORD	52 NAME	
STREET ADDRESS	10901 RED CIRCLE DR.	53 STREET ADDRESS	
CITY - ST - ZIP	MINNETONKA MN	54 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERLACH, JOHN THOMAS	62 NAME	
STREET ADDRESS	10901 RED CIRCLE DR.	63 STREET ADDRESS	
CITY - ST - ZIP	MINNETONKA MN	64 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Patricia A. Risler* **PATRICIA A. RISLER** **1/6/97** **(612) 544-2121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ASST. TREASURER
Date Daytime Phone #

CR2E034 (9/96)