

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90027 037 \*\*\*150.00

06-49307

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P03968**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/06/1984**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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	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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE:

*Patricia A. Rieker*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PATRICIA A. RIEKER ASST TREASURER**

1/5/99 (612) 544-2121  
 Date Daytime Phone #

CR2E034 (1/198)