

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90073 046 ***150.00

DOCUMENT # P03968

1. Entity Name

CONGRESS LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

**10901 RED CIRCLE DR.
 MINNEAPOLIS MN 55343-9137**

**10901 RED CIRCLE DR.
 MINNEAPOLIS MN 55343-9004**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

86-0200852

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL
 TALLHASSEE 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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **VSD SORENSEN, STUART LEE**
 STREET ADDRESS **10901 RED CIRCLE DR.**
 CITY-ST-ZIP **MINNETONKA MN**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD MAXWELL, ROBERT OLIVER**
 STREET ADDRESS **10901 RED CIRCLE DR.**
 CITY-ST-ZIP **MINNETONKA MN**

TITLE Change Addition
 NAME **RESIDENT SUSAN J. ALBRECHT**
 STREET ADDRESS **10901 RED CIRCLE DR**
 CITY-ST-ZIP **MINNETONKA MN 55343**

TITLE Delete
 NAME **D ROBBINS, OREM OLDFORD**
 STREET ADDRESS **10901 RED CIRCLE DR.**
 CITY-ST-ZIP **MINNETONKA MN**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D GERLACH, JOHN THOMAS**
 STREET ADDRESS **10901 RED CIRCLE DR.**
 CITY-ST-ZIP **MINNETONKA MN**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia A. Risler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/28/00 (612)544-2121
 Daytime Phone #

PATRICIA A. RISLER, ASST TREASURER

CR2E034 (9/99)