

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90302 025 \*\*\*150.00

**DOCUMENT # P03968**

**1. Entity Name**  
**CONGRESS LIFE INSURANCE COMPANY**

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

**730176**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

**4. FEI Number** **86-0200852**      Applied For  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**THE FLORIDA INSURANCE COMMISSIONER**  
**THE CAPITOL**  
**TALLHASSEE FL 32301**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

**8. The above named entity** in this statement is preparing to change its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE \_\_\_\_\_ (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.**   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VSD	SORENSEN, STUART LEE	10901 RED CIRCLE DR.	MINNETONKA MN	<input checked="" type="checkbox"/>
PD	ALBRECHT, SUSAN J	10901 RED CIRCLE DR	MINNETOMKA MN 55343	<input checked="" type="checkbox"/>
D	ROBBINS, OREM OLFORD	10901 RED CIRCLE DR.	MINNETONKA MN	<input checked="" type="checkbox"/>
D	GERLACH, JOHN THOMAS	10901 RED CIRCLE DR.	MINNETONKA MN	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Milesko, Glen Joseph	1111 E. Wisconsin Ave., Suite 151D	Milwaukee, WI 53202	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Blagesing, Joanne Marie Patricia	1111 E. Wisconsin Ave, Suite 151D	Milwaukee, WI 53202	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Bennett, Charles Douglas	1111 E. Wisconsin Ave., Suite 151D	Milwaukee, WI 53202	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	Rasmussen, Jon Stephen	1111 E. Wisconsin Ave., Suite 151D	Milwaukee, WI 53202	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Voskuil, Michelle Jean	1111 E. Wisconsin Ave., Suite 151D	Milwaukee, WI 53202	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Rundert, David Jon	1111 Polaris Parkway	Columbus, OH 43240	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**13. 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 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:** \_\_\_\_\_      **2/15/01**      **(414) 765-3348**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)

#P03968  
730176

2001 Uniform Business Report (UBR)  
State of Florida  
On Behalf of Congress Life Insurance Company

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (CONT.)	
Title	D
Name	Higgins, Thomas Peter
Street Address	1111 Polaris Parkway
City-St-Zip	Columbus, OH 43240