

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90140 008 ***150.00

12 MAR '02

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**

2. Principal Place of Business 3. Mailing Address
111 E. Wisconsin Ave. **111 E. Wisconsin Ave.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1250 **Suite 1250**
 City & State City & State
Milwaukee, WI **Milwaukee, WI**
 Zip Country Zip Country
53202 **USA** **53202** **USA**



DO NOT WRITE IN THIS SPACE

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
same
 Street Address (P.O. Box Number is Not Acceptable)
200 East Gaines Street
 City State Zip Code
Tallahassee **FL** **32399**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	PD MILESKO, GLEN J 111 E WISCONSIN AVE STE 1510 MILWAUKEE WI 53202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIGESING, JOANNE M 111 E WISCONSIN AVE STE 1510 MILWAUKEE WI 53202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENNETT, CHARLES D 111 E WISCONSIN AVE STE 1510 MILWAUKEE WI 53202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RASMUSSEN, JON S 111 E WISCONSIN AVE STE 1510 MILWAUKEE WI 53202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOSKUIL, MICHELLE J 111 E WISCONSIN AVE STE 1510 MILWAUKEE WI 53202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUNDERT, DAVID J 111 POLARIS PARKWAY COLUMBUS OH 43240 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 E. Wisconsin Ave, Suite 1250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joanne M. P. Blaesing 111 E. Wisconsin Ave, Suite 1250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 E. Wisconsin Ave, Suite 1250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Ellen M. Ihlenfeldt 111 E. Wisconsin Ave, Suite 1250 Milwaukee, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Actuary / Director Jeffrey S. Schliessog 111 E. Wisconsin Ave, Suite 1250 Milwaukee, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Janie L. Riestorer 111 E. Wisconsin Ave, Suite 1250 Milwaukee, WI 53202

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: Charles D. Bennett 3/5/02 (414) 765-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)