


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90481 020 ***150.00

DOCUMENT # P03968			
1. Entity Name CONGRESS LIFE INSURANCE COMPANY			
Principal Place of Business 111 EAST WINCONSIN AVENUE SUITE 1250 MILWAUKEE, WI 53202 US		Mailing Address 111 EAST WINCONSIN AVENUE SUITE 1250 MILWAUKEE, WI 53202 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Suite 1100, WI1-2151		Suite, Apt. #, etc. Suite 1100 WI1-2151	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 86-0200852		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARLIN, JAMES L 111 EAST WISCONSIN AVENUE, SUITE 1250 MILWAUKEE, WI 53202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 1100, WI1-2151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WORF, JEFFERY 111 EAST WISCONSIN AVENUE SUITE 1250 MILWAUKEE, WI 53202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 1100, WI1-2151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CA 111 EAST WISCONSIN AVENUE SUITE 1250 MILWAUKEE, WI 53202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Scott Dumbauld 111 E. Wisconsin Ave, Suite 1100, WI1-2151 Milwaukee, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD SCHLINSOG, JEFFREY S 111 EAST WISCONSIN AVENUE SUITE 1250 MILWAUKEE, WI 53202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite, 1100, WI1-2151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUNDERT, DAVID J 111 POLARIS PARKWAY COLUMBUS, OH 43240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T/D Jamie L. Riesterer 111 E. Wisconsin, Suite 1100, WI1-2151 Milwaukee, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Thomas Higgins 111 Polaris Parkway, OH1-1248 Columbus, OH 43240
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Scott E. Dumbauld</u> SCOTT E. DUMBAULD 4/23/04 414.765.2500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

44045379



Attachments - P03968 / 44045379

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Assistant Secretary
NAME	Janet Z. Hernandez
STREET ADDRESS	1 Bank One Plaza, IL1-0286
CITY-ST-ZIP	Chicago, IL 60670

TITLE	Assistant Treasurer
NAME	Christopher Mohr
STREET ADDRESS	100 E. Broad St., OH1-0252
CITY-ST-ZIP	Columbus, OH 43215

