


## 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03968</b> 1. Entity Name <b>CONGRESS LIFE INSURANCE COMPANY</b>			
Principal Place of Business 111 EAST WINCONSIN AVENUE SUITE 1100 W11-2151 MILWAUKEE, WI 53202 US		Mailing Address 111 EAST WINCONSIN AVENUE SUITE 1100 W11-2151 MILWAUKEE, WI 53202 US	
2. Principal Place of Business <b>2500 WESTFIELD DR</b>		3. Mailing Address <b>2500 WESTFIELD DR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>ELGIN, IL</b>		City & State <b>ELGIN, IL</b>	
Zip <b>60123</b>	Country <b>USA</b>	Zip <b>60123</b>	Country <b>USA</b>
4. FEI Number <b>86-0200852</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CHIEF FINANCIAL OFFICER</b> 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	
		<b>FL</b>	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 _____		<b>300060693033</b> 10/18/05--01006--011 **150.00 DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARLIN, JAMES L	NAME	
STREET ADDRESS	111 EAST WINCONSIN AVENUE, STE 1100	STREET ADDRESS	<b>2500 WESTFIELD DR</b>
CITY-ST-ZIP	MILWAUKEE, WI 53202	CITY-ST-ZIP	<b>ELGIN, IL 60123</b>
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORF, JEFFERY	NAME	<b>SECRETARY</b>
STREET ADDRESS	111 EAST WINCONSIN AVENUE, STE 1100	STREET ADDRESS	<b>KELWETH B. TERWILLEGER</b>
CITY-ST-ZIP	MILWAUKEE, WI 53202	CITY-ST-ZIP	<b>2500 WESTFIELD DR</b>
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLINSOG, JEFFERY S	NAME	<b>CHIEF ACTUARY</b>
STREET ADDRESS	111 EAST WINCONSIN AVENUE, STE 1100	STREET ADDRESS	<b>2500 WESTFIELD DR</b>
CITY-ST-ZIP	MILWAUKEE, WI 53202	CITY-ST-ZIP	<b>ELGIN, IL 60123</b>
TITLE	AD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLINSOG, JEFFREY S	NAME	
STREET ADDRESS	111 EAST WINCONSIN AVENUE, STE 1100	STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE, WI 53202	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDERT, DAVID J	NAME	
STREET ADDRESS	111 POLARIS PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS, OH 43240	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIESTERER, JAMIE L	NAME	<b>TREASURER</b>
STREET ADDRESS	111 EAST WINCONSIN AVENUE, STE 1100	STREET ADDRESS	<b>2500 WESTFIELD DR</b>
CITY-ST-ZIP	MILWAUKEE, WI 53202	CITY-ST-ZIP	<b>ELGIN, IL 60123</b>
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: <i>[Signature]</i>		Date: <b>10/12/05</b> Daytime Phone #: <b>8479307871</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

FILED  
05 OCT 18 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10072005 REIN-P CR2E098 (6/04)