

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90296 015 ***150.00

FORM 9000000

DOCUMENT # P03968

1. Entity Name
CONGRESS LIFE INSURANCE COMPANY



Principal Place of Business 111 EAST WISCONSIN AVENUE SUITE 1250 MILWAUKEE WI 53202 US	Mailing Address 111 EAST WISCONSIN AVENUE SUITE 1250 MILWAUKEE WI 53202 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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CHECK HERE IF MAKING CHANGES

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
200 EAST GAINES STREET
TALLAHASSEE FL 32399**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILESKO, GLEN J 111 EAST WISCONSIN AVENUE, SUITE 1250 MILWAUKEE WI 53202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLAESING, JOANNE M 111 EAST WISCONSIN AVENUE SUITE 1250 MILWAUKEE WI 53202 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENNETT, CHARLES D 111 EAST WISCONSIN AVENUE SUITE 1250 MILWAUKEE WI 53202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IHLENFELDT, ELLEN M 111 EAST WISCONSIN AVENUE SUITE 1250 MILWAUKEE WI 53202 <input checked="" type="checkbox"/> Delete
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	D KUNDERT, DAVID J 111 POLARIS PARKWAY COLUMBUS OH 43240 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD James L. Harlin 111 E. Wisconsin Avenue, Ste. 1250 Milwaukee, WI 53202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Worf, Jeffrey A. 111 E. Wisconsin Avenue, Ste. 1250 Milwaukee, WI 53202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CA Schlinsog, Jeffreys S. 111 E. Wisconsin Avenue, Ste 1250 Milwaukee, WI 53202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED** 4-21-03 (414) 765-3446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Officers and Directors

<u>Name</u>	<u>Title</u>	<u>Residential Address</u>
James L. Harlin	President & Director	2429 NW 55 th Place Oklahoma City, OK 73112
Jeff A. Worf	Secretary	N54 W16569 Ravenwood Dr. Menomonee Falls, WI
Janet Z. Hernandez	Assistant Secretary	2153 Ridge Rd. Homewood, IL 60430
Chuck D. Bennett	Treasurer & Director	3735 Crestview Circle Brookfield, WI 53005
Christopher J. Mohr	Assistant Treasurer	548 Monroe Dr. Ashville, OH 43103
Charles J. Wooding	Assistant Treasurer	4840 Central Western Springs, IL 60558
Jamie L. Riesterer	Director	1435 Longwood Ave. Elm Grove, WI 53122
Tom P. Higgins	Director	1076 Lyndale Dr. Westerville, OH 43081
David J. Kundert	Director	4599 Beacher Court New Albany, OH 43054