

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804408

Entity Name: MINNESOTA LIFE INSURANCE COMPANY

Current Principal Place of Business:

400 ROBERT ST NORTH
SAINT PAUL, MN 55101

Current Mailing Address:

400 ROBERT ST NORTH
SAINT PAUL, MN 55101 US

FEI Number: 41-0417830

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399-0000 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P/C
Name HILGER, CHRISTOPHER MICHAEL
Address 400 ROBERT ST NORTH
City-State-Zip: SAINT PAUL MN 55101

Title T
Name NISTLER, TED J
Address 400 ROBERT STREET, NORTH
City-State-Zip: ST. PAUL MN 55101

Title S
Name CHRISTENSEN, GARY ROGER
Address 400 ROBERT ST NORTH
City-State-Zip: SAINT PAUL MN 55101

Title AS
Name SIMON, JODIE
Address 400 ROBERT STREET NORTH
City-State-Zip: SAINT PAUL MN 55101

Title EVP
Name ZACCARO, WARREN J
Address 400 ROBERT STREET NORTH
City-State-Zip: SAINT PAUL MN 55101

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JODIE SIMON

ASSISTANT SECRETARY 02/04/2022

Electronic Signature of Signing Officer/Director Detail

Date