

**2023 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 MONTZ, RENEE  
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 02/10/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date