

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 812597 (3)

1. Corporation Name
MIDWEST MUTUAL INSURANCE COMPANY



Principal Place of Business: 1111 ASHWORTH RD, P.O. BOX 65600, WEST DES MOINES IA 50265-0600 US
Mailing Address: 1111 ASHWORTH RD, P.O. BOX 65600, WEST DES MOINES IA 50265-0600 US

3. Date Incorporated or Qualified: 03/01/1958
3a. Date of Last Report: 01/24/1995
4. FEI Number: 42-0660911
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**COMMISSIONER OF INSURANCE
THE CAPITOL
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature lines for current and new registered agents)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, ROBERT D	
STREET ADDRESS	4800 CODY DRIVE	
CITY-ST-ZIP	W DES MOINES, IA 00000	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	BALLEW, GLENN	
STREET ADDRESS	5617 WOODLAND AVE.	
CITY-ST-ZIP	W DES MOINES IA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARNEY, DENNIS R.	
STREET ADDRESS	1435 41ST STREET	
CITY-ST-ZIP	DES MOINES IA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JOHNSON, JAMES I	
STREET ADDRESS	1680 NW AVE	
CITY-ST-ZIP	DES MOINES IA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary - Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1680 Northwest Drive	
4.4 CITY-ST-ZIP		
5.1 TITLE	Allmond, Thomas R	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	9609 Oakwood Dr	UP
5.4 CITY-ST-ZIP	Urbandale, IA 50322	
6.1 TITLE	Liljedahl, Kenneth S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	4312 46th Street	VP
6.4 CITY-ST-ZIP	Des Moines, IA 50311	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Dennis R. Carney*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 515-267-5000
DATE OF FILING FEE

CR2E034 (12/95)