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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
05/01/1996

4. FEI Number
42-0660911

Applied For
☐ Not Applicable

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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VP	LILJEDAHN, KENNETH J.	4312 46TH ST.	DES MOINES IA	<input type="checkbox"/>
P	BALLEW, GLENN	5617 WOODLAND AVE.	W DES MOINES IA	<input type="checkbox"/>
ST	CARNEY, DENNIS R.	1435 41ST STREET	DES MOINES IA	<input type="checkbox"/>
VP	JOHNSON, JAMES I	1680 NORTHWEST DRIVE	DES MOINES IA	<input checked="" type="checkbox"/>
VP	ALLMOND, THOMAS R.	9609 OAKWOOD DRIVE	URBANDALE IA	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
Secretary	Thomas C. Farr	1111 Ashworth Road	West Des Moines, IA 50265-3538	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Brian J. Hughes	1111 Ashworth Road	West Des Moines, IA 50265-3538	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

3-31-97

\$15,216.5000

CP2E034 (9/96)