## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 812597

(3)

**MIDWEST MUTUAL INSURANCE COMPANY** 

FILED
Apr 29 1997 8:00am
Secretary of State



Principal Place	e of Business	Mailing Address			i in trot i fries sebra 118 at atten enete annt annt annt annt affir ander ment fiber			
1111 ASHWORT		1111 ASHWORTH RD						
P.O. BOX 65600   West des moines (A 50265-0600		P.O. BOX 65600 WEST DES MOINES IA 50265-0600						
US	MED IN SOLVE COOL	US			3. Date Incorporated or Qualified   3a. Date of Last Report			
					03/01/1958	05/01/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26			42-0660911		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	Desired \$8.75 Additional		
22		27			C. Continued of Citating Dydrica	LU-1	Fee R	equired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution			
Zip	Country	Zip	Countr	y	8. This corporation has liability for intangible tax under s. 199.032,			
24	25 Name and Address of Curren	1 Pagistered Apart	30]		Florida Statutes  10. Name and Address of New R	Yes No		
	<del></del>	i nogratered Agent	81	Name	10, Name Bija Address of New III	ogistorou A	Rain	
	IMISSIONER OF INSURANCE		Ĺ.					
THE CAPITOL			82	Street Ac	reet Address (P.O. Box Number is Not Acceptable)			
IALL	AHASSEE FL 32304		83					
}								
1			84	City		FL	<b>85</b> Zip	Code
11 Pureuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Sta	atutes the abov	n named co	progration submits this statement for the		handing	ite registered
office or r	egistered agent, or both, in the State	of Florida. Such change w	as authorized b	y the corpo	orporation submits this statement for the ration's board of directors. I hereby acce	ept the appo	intment as	s registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505	, Florida Statute	S.				Ī
SIGNATURE	Signature, typod or printed name of registered age	ol and title if applicable	NOW Registered As	act elepature re-	guired when reinstaling)	DATE		
12.	OFFICERS AND		13.	eri signatore ter	ADDITIONS/CHANGES TO OFFI		DIRECTO!	RS IN 12
TITLE	VP	☐ DELETE	1.1 TELE		Secretary		Change	Addition
NAME	LILJEOAHL, KENNETH J.		1.2 NAME		Thomas C. Fare			
STREET ADDRESS	4312 46TH ST.		1.3 STREE	ADDRESS 1	III Ashworth Road			1.
CITY-ST-ZIP	DES MOINES IA		1.4 CITY-		wast Der Moives, I	A SOA	28-24	28
TITLE	P	☐ DELF1E	2.1 11TLE		90		Change	Addition
NAME	BALLEW, GLENN		22 NAME	] ;	Brian J. Hughes			
STREET ADDRESS	5617 WOODLAND AVE.		2 3 STREE		III Ashovorth Road			
CITY-ST-ZIP	W DES MOINES IA		2. 4 DITY	ST-ZIP	west Des Moines, 5/	1 soal	65.35	38
TITLE	\$T	DELETE	3.1 TITLE		Treasurer		Change	Addition
NAME	CARNEY, DENNIS R.		3.2 NAME	]	er were with the control of the			
STREET ADDRESS	1435 41ST STREET		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	DES MOINES IA		3.4. CITY	ST-ZIP				
TITLE	VP	DELETE	4.1 TITLE			Π.	Change	Addition
NAME	JOHNSON, JAMES I		4. 2 NAME					
STREET ADDRESS	1680 NORTHWEST DRIVE		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	DES MOINES LA		4.4 CITY -	ST-ZIP				
TITLE	VP .	DELETE	5.1 TITLE				Change	Addition
NAME	ALLMOND, THOMAS R.		5.2 NAME	-				
STREET ADDRESS	9609 OAKWOOD DRIVE		5.3 STREE	T ADDRESS				
CITY-ST-ZIP	URBANDALE IA		5.4 CHY-	ST-ZIP		<del></del> -		
TITLE .		DELETE	6.1 TITLE	7			Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	t address				
CITY-ST-ZIP			6.4 CITY-	ST-ZIP				
44 Lala basak	and a partific the state of the second in a second in a	divide the filter deal as and as	until . for the ou		land in Contine 440 07/01/11 Clarinto Chatra	11.	CT - AL	46 -

I do hereby certify that the information supplied with this filling 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.