

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

**FILED**  
**May 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 812597 (3)**  
 1. Corporation Name  
**MIDWEST MUTUAL INSURANCE COMPANY**



Principal Place of Business <b>1111 ASHWORTH RD                  P.O. BOX 65600                  WEST DES MOINES IA 50265-0600                  US</b>	Mailing Address <b>1111 ASHWORTH RD                  P.O. BOX 65600                  WEST DES MOINES IA 50265-0600                  US</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> 1111 Ashworth Road Suite, Apt. #, etc.	<b>26</b> 1111 Ashworth Road Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> West Des Moines, IA	<b>28</b> West Des Moines, IA
<b>24</b> Zip <b>50265-3538</b> <b>25</b> Country <b>US</b>	<b>29</b> Zip <b>50265-3538</b> <b>30</b> Country <b>US</b>

<b>3.</b> Date Incorporated or Qualified <b>03/01/1958</b>	
<b>4.</b> FEI Number <b>42-0660911</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>	
<b>COMMISSIONER OF INSURANCE                  THE CAPITOL                  TALLAHASSEE FL 32304</b>	

<b>10. Name and Address of New Registered Agent</b>	
<b>81</b> Name <b>Richard G. Wack</b>	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>20 North Orange Avenue</b>	
<b>83</b>	
<b>84</b> City <b>Orlando</b>	<b>85</b> Zip Code <b>FL 32802</b>

**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 607.0605, Florida Statutes.

SIGNATURE *[Signature]* DATE **April 27, 98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>12. OFFICERS AND DIRECTORS</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP LILJEDAHN, KENNETH J.</b>
STREET ADDRESS	<b>4312 46TH ST.</b>
CITY-ST-ZIP	<b>DES MOINES IA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P BALLEW, GLENN</b>
STREET ADDRESS	<b>5617 WOODLAND AVE.</b>
CITY-ST-ZIP	<b>W DES MOINES IA</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>T CARNEY, DENNIS R.</b>
STREET ADDRESS	<b>1435 41ST STREET</b>
CITY-ST-ZIP	<b>DES MOINES IA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S FARR, THOMAS C</b>
STREET ADDRESS	<b>1111 ASHWORTH RD</b>
CITY-ST-ZIP	<b>WEST DES MOINES IA</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VP ALLMOND, THOMAS R.</b>
STREET ADDRESS	<b>9809 OAKWOOD DRIVE</b>
CITY-ST-ZIP	<b>URBANDALE IA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP HUGHES, BRIAN J</b>
STREET ADDRESS	<b>1111 ASHWORTH RD</b>
CITY-ST-ZIP	<b>WEST DES MOINES IA</b>

<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1111 Ashworth Road</b>
1.4 CITY-ST-ZIP	<b>West Des Moines, IA 50265-3538</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>P/D</b>
2.3 STREET ADDRESS	<b>1111 Ashworth Road</b>
2.4 CITY-ST-ZIP	<b>West Des Moines, IA 50265-3538</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>T Douglas K. Howell</b>
3.3 STREET ADDRESS	<b>1111 Ashworth Road</b>
3.4 CITY-ST-ZIP	<b>West Des Moines, IA 50265-3538</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>West Des Moines, IA 50265-3538</b>
4.4 CITY-ST-ZIP	<b>West Des Moines, IA 50265-3538</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>VP Greg Reichert</b>
5.3 STREET ADDRESS	<b>1111 Ashworth Road</b>
5.4 CITY-ST-ZIP	<b>West Des Moines, IA 50265-3538</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>West Des Moines, IA 50265-3538</b>
6.4 CITY-ST-ZIP	<b>West Des Moines, IA 50265-3538</b>

**14.** I 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]* **Douglas K. Howell** **4-27-98** **515-267-5000**

CR2E034 (10/97)