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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 835043

(1)

MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENN ESSEE

FOOFF							
Principal Place	e of Business	Mailing Address				41111 61011 81611 33611 8181) A	
501 W 1-44 SEF	RVICE RD	501 W I-44 SERVICE RD					
SUITE 400	-	STE 400			j		
OKLAHOMA CITY OK 73118		OKLAHOMA CITY OK 73118-6068				1	
US		U\$	U\$		3. Date incorporated or Qualified	3a. Date of Last Re	∋port
9 Principal Pi	lace of Business	2a. Mailing Address			09/17/1975 4. FEI Number	01/30/1996	plied For
21	and or pasmods	26			62-0724538	} 	t Applicable
Suite, Apt	Suite, Apt, #, etc.				¢0.75		
22 27					5. Certificate of Status Desired	Fee Re	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	
Zip	}		Country	of the barparate has heartly to the grown and the terror.			
24	25		30			Yes No	
	9. Name and Address of Curren	<u></u>	81	M	10. Name and Address of New Re	gistered Agent	
	TE INSURANCE COMMISSIONER	{	101	Name			
CAPITOL BLDG.				82 Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL.			83	· · · · · · · · · · · · · · · · · · ·			
			 ~				
			84	City		85 Zip C	Code
dd Dan and	of 5 - No 607 000	0 and CO7 1500 Flying Statute	1 1			FL S Z P	
office or n	egistered agent, or both, in the State	of Florida, Such change was a	uthorized by	the corp	corporation submits this statement for the poration's board of directors. I hereby acceptant	or the appointment as	registered registered
i agent Fai	m familiar with, and accept the obliga	ations of, Section 607.0505, Floa	rida Statute:	S.			
SIGNATURE	Signature, typed or printed name of registered ager	al and bile if pooled le	- Decistored Age	of sinnature :	required when reinslating)	DATE	
12.	OFFICERS AND		13.	sit alginature i	ADDITIONS/CHANGES TO OFFIC		S IN 12
TITLE	PD	DELETE	1.1 TITLE		7,007,010,010,000,000	☐ Change	Addition
NAME	WOELKE, VERNON		1.2 NAME				
STREET ADDRESS	4001 MC EWEN, SUITE 200		1.3 STREET	ADDRESS			ł
CITY ST-7IP	DALLAS TX			T-ZIP			
TITLE	VSD	DELETE 21				☐ Change	Addition
NAM8	VLACH, ROBERT B.		2.2 NAME				
STREET ADDRESS	4001 MC EWEN, SUITE 200		2.3 STREET ADDRESS				ĺ
CITY-ST-ZIP	DALLAS TX		2.4 CITY-	ST-ZIP			}
TITLE	VD	DELETE 311				☐ Change	☐ Addition
NAME	PENDOLA, EMMANUEL J		3.2 NAME	NAME			1
STREET ADDRESS	4001 MC EWEN, SUITE 200		3.3 STREET	ADDRESS			ſ
CITY - \$1 - 7/P	DALLAS TX		3.4. CITY-	ST-ZIP			
TITLE	T	LX DELETE 4.1			Treasurer	Change	X Addition
NAMÉ	HAUPTMAN, MARK D.		4. 2 NAME	J	Connie Palacios		
STREET ADDRESS	4001 MC EWEN, SUITE 200	ø:	4.3 STREET	ADDRESS	4001 McRwen Dr., Suite 200	• *	
CITY-ST-ZIP	DALLAS TX	T Brieze	4.4 CITY - \$	T - ZIP	Dallas, Texas 75244	T A	T Lauren
TITLE	VD	☐ DELETE	5.1 TITLE	j		[_] Change	L. Addition
NAME	PRATER, CHARLES T	400	5 2 NAME				
STREET ADDRESS	501 W I-44 SERVICE RD, STE	400	5.3 STREET				}
CHY-S1-ZIP	OKLAHOMA CITY OK	Theire	5.4 CITY - S	1-ZIP		Change	Addition
TILLE	-		6.1 TITLE	ļ		L. Grange	L Maintail
NAME	O'CONNOR, WILLIAM J.		6.2 NAME	Innoces			
STREET ADDRESS	4001 MC EWEN SUITE 200		63 STREET				ļ
CITY-ST-ZIF	DALLAS TX	d with this filling does not qualify	6.4 CITY-S		ated in Section 119.07(3)(i), Florida Statute	s I further certify that	the
informatio	iri indicated on this annual report or s	applemental annual report is tri	ue and acci	urate and	that my signature shall have the same legs	al effect as if made und	der oath; that
	n Block 12 or Block 13 if changed, or			ute this fe	eport as required by Chapter 607, Florida 5	латитев, апо тлат ту п	arrie

SIGNATURE

COVILLE PALO BES UITEDANIE PALACIOS

4-17-97

(972) 960-8497

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FILED

Apr 28 1997 8:00am

Secretary of State