

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90003 004 ***150.00

DOCUMENT # 835043

1. Corporation Name

**MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENN
ESSEE**

Principal Place of Business

**501 W I-44 SERVICE RD
SUITE 400
OKLAHOMA CITY OK 73118
US**

Mailing Address

**501 W I-44 SERVICE RD
STE 400
OKLAHOMA CITY OK 73118
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL.**

3. Date Incorporated or Qualified

09/17/1975

4. FEI Number

62-0724538

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

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 signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
WOELKE, VERNON
4001 MC EWEN, SUITE 200
DALLAS TX**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VSD
VLACH, ROBERT B.
4001 MC EWEN, SUITE 200
DALLAS TX**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD
PENDOLA, EMMANUEL J
4001 MC EWEN, SUITE 200
DALLAS TX**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**T
POLACIOS, CONNIE
4001 MC EWEN, SUITE 200
DALLAS TX**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD
PRATER, CHARLES T
501 W I-44 SERVICE RD, STE 400
OKLAHOMA CITY OK**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**V
O'CONNOR, WILLIAM J.
4001 MC EWEN SUITE 200
DALLAS TX**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Connie Palacios 3/36/99

(972) 392-6700

Date

Daytime Phone #

0051957

CR2E034 (11/98)