

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 835043

1. Entity Name

MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENN

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 73118-6054
US

2. Principal Place of Business

3. Mailing Address

4001 McEwen Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Dallas, Texas

Zip

Country

Zip

Country

75244-5082

USA

4. FEI Number

62-0724538

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL.

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WOELKE, VERNON	
STREET ADDRESS	4001 MC EWEN, SUITE 200	
CITY-ST-ZIP	DALLAS TX	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	VLACH, ROBERT B.	
STREET ADDRESS	4001 MC EWEN, SUITE 200	
CITY-ST-ZIP	DALLAS TX	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PENDOLA, EMMANUEL J	
STREET ADDRESS	4001 MC EWEN, SUITE 200	
CITY-ST-ZIP	DALLAS TX	
TITLE	T	<input type="checkbox"/> Delete
NAME	POLACIOS, CONNIE	
STREET ADDRESS	4001 MC EWEN, SUITE 200	
CITY-ST-ZIP	DALLAS TX	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRATER, CHARLES T	
STREET ADDRESS	501 W I-44 SERVICE RD, STE 400	
CITY-ST-ZIP	OKLAHOMA CITY OK	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'CONNOR, WILLIAM J.	
STREET ADDRESS	4001 MC EWEN SUITE 200	
CITY-ST-ZIP	DALLAS TX	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prater, Charles T.	
STREET ADDRESS	501 W. I-44 Service Road, suite 400	
CITY-ST-ZIP	Oklahoma City, Oklahoma 75106-5000	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert B. Vlach

01/25/2000

(972) 392-6700

Date

Daytime Phone #

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90012 026 ***150.00



DO NOT WRITE IN THIS SPACE