

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91319 044 \*\*\*158.75

**DOCUMENT # F00000001446**

1. Entity Name

**MID-CONTINENT INSURANCE COMPANY**

Principal Place of Business

Mailing Address

**P.O. BOX 1409**  
**TULSA OK 74101****P.O. BOX 1409**  
**TULSA OK 74101**

2. Principal Place of Business

**1437 S. BOULDER AVENUE**

3. Mailing Address

**P.O. BOX 1409**

Suite, Apt. #, etc.

**SUITE #200**

Suite, Apt. #, etc.

City &amp; State

**TULSA, OKLAHOMA**

City &amp; State

**TULSA, OKLAHOMA**

Zip

**74119**

Country

**USA**

Zip

**74101-1409**

Country

**USA**4. FEI Number **73-1406844**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER**  
**PLAZA LEVEL THE CAPITOL**  
**TALLAHASSEE FL 32399-0301**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GRUBER, GARY J	580 WALNUT STREET	CINCINNATI OH 45202	<input type="checkbox"/>
DS	HORRELL, KAREN HOLLEY	580 WALNUT STREET	CINCINNATI OH 45202	<input type="checkbox"/>
DV	LARSON, DONALD D	580 WALNUT STREET	CINCINNATI OH 45202	<input type="checkbox"/>
DC	LINDNER, CARL H III	580 WALNUT STREET	CINCINNATI OH 45202	<input type="checkbox"/>
C	LINDNER, S. CRAIG	ONE EAST 4TH STREET	CINCINNATI OH 45202	<input type="checkbox"/>
DPC	PIERCE, J.L.	1437 S BOULDER AVE SUITE 200	TULSA OK 74119	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	JENSEN, KEITH A	580 WALNUT STREET	CINCINNATI OH 45202	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 address with an address, with all other like empowered.

SIGNATURE:

**J. L. PIERCE**

02-20-01

(918)588-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)