

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90014 004 \*\*\*150.00

**DOCUMENT # 835943**

1. Entity Name  
**MID-WEST NATIONAL LIFE INSURANCE COMPANY OF  
TENNESSEE**



Principal Place of Business  
**1331 W. MEMORIAL ROAD, STE. 112  
OKLAHOMA CITY, OK 73114 US**

Mailing Address  
**9151 GRAPEVINE HIGHWAY  
MC-75  
NORTH RICHLAND HILLS, TX 76180 US**

64000000



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01062004 Chg-P CR2E034 (10/03)

City & State  
Zip Country

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

**CHIEF FINANCIAL OFFICER  
P.O. BOX 6200  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MYHRA, PHILLIP J	9151 GRAPEVINE HIGHWAY, MC-75	NORTH RICHLAND HILLS, TX 76180	<input type="checkbox"/>
VD	VLACH, ROBERT B	2301 W. PLANO PARKWAY, STE. 300	PLANO, TX 75075	<input type="checkbox"/>
T	PALACIOS, CONNIE	9151 GRAPEVINE HIGHWAY	NORTH RICHLAND HILLS, TX 76180	<input type="checkbox"/>
S	SIMPSON, PEGGY G	9151 GRAPEVINE HIGHWAY	NORTH RICHLAND HILLS, TX 76180	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
	PALACIOS, CONNIE			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Connie Palacios* **CONNIE PALACIOS**

1/8/04

(817) 255-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #