
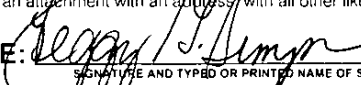


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90095 041 \*\*\*150.00

<b>DOCUMENT # 835043</b>					
<b>1. Entity Name</b> MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENNESSEE					
<b>Principal Place of Business</b> 1331 W. MEMORIAL ROAD, STE. 112 OKLAHOMA CITY, OK 73114 US			<b>Mailing Address</b> 9151 BLVD 26 NORTH RICHLAND HILLS, TX 76180 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 3600 NW 138th STREET Suite, Apt. #, etc.		<b>3. Mailing Address</b> 9151 Boulevard 26 Suite, Apt. #, etc.			
<b>City &amp; State</b> Oklahoma City, OK Zip: 73134 Country: USA		<b>City &amp; State</b> North Richland Hills, TX Zip: 76180 Country: USA		<b>4. FEI Number</b> 62-0724538	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> CHIEF FINANCIAL OFFICER P.O. BOX 6200 200 EAST GAINES STREET TALLAHASSEE, FL 32399-0000			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ <b>FL</b> Zip Code: _____		
<b>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.</b> SIGNATURE: _____ (NOTE: Registered Agent signature required when registering) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: PD NAME: MYHRA, PHILLIP J STREET ADDRESS: 9151 BLVD 26 CITY-ST-ZIP: NORTH RICHLAND HILLS, TX 76180	<input checked="" type="checkbox"/> Delete		TITLE: PD NAME: FIELDS, DAVID W STREET ADDRESS: 9151 BLVD 26 CITY-ST-ZIP: N RICHLAND HILLS TX 76180	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: HAUPTMAN, MARK D STREET ADDRESS: 9151 BLVD 26 CITY-ST-ZIP: NORTH RICHLAND HILLS, TX 76180	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T NAME: PALACIOS, CONNIE STREET ADDRESS: 9151 BLVD 26 CITY-ST-ZIP: NORTH RICHLAND HILLS, TX 76180	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S NAME: SIMPSON, PEGGY G STREET ADDRESS: 9151 BLVD 26 CITY-ST-ZIP: NORTH RICHLAND HILLS, TX 76180	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: PLATO, JAMES N STREET ADDRESS: 1331 W MEMORIAL RD., STE 112 CITY-ST-ZIP: OKLAHOMA CITY, OK 73114	<input checked="" type="checkbox"/> Delete		TITLE: VD NAME: BOXER, MICHAEL E STREET ADDRESS: 9151 BLVD 26 CITY-ST-ZIP: N RICHLAND HILLS TX 76180	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: COLLIFLOWER, MICHAEL A STREET ADDRESS: 9151 BLVD 26 CITY-ST-ZIP: NORTH RICHLAND HILLS, TX 76180	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> 			Peggy G. Simpson, Secretary 04/25/08 817-255-5488		