## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#815501** 

Entity Name: MIDLAND NATIONAL LIFE INSURANCE COMPANY

FILED Mar 19, 2009 Secretary of State

| •  |   |  |  |   |   |  |
|--|---|--|--|---|---|--|
| Current Principal Place of Business:   |   |  | New Prince   | New Principal Place of Business:            |   |  |
| ONE MIDLAND PLAZA<br>SIOUX FALLS, SD 57193   |   |  |  | ONE SAMMONS PLAZA<br>SIOUX FALLS, SD 57193  |   |  |
| Current Mailing Address:   |   |  | New Maili  | New Mailing Address:                        |   |  |
| ONE MIDLAND PLAZA<br>SIOUX FALLS, SD 57193   |   |  |  | ONE SAMMONS PLAZA<br>SIOUX FALLS, SD 57193  |   |  |
| FEI Number:  | 46-0164570  | FEI Number Applied For (   | ) FEI Number Not App   | licable ( )                                 | Certificate of Status Desired ( )   |  |
| Name and   | Address of  | Current Registered Age   | nt: Name and   | Name and Address of New Registered Agent:   |   |  |
| P.O. BOX 6<br>200 E. GAI   | IANCIAL OFF<br>6200 (32314-<br>NES STREE<br>SSEE, FL 32                                   | -6200)   |  |   |   |  |
|  | named entity<br>of Florida.   | y submits this statement for   | the purpose of changing  | its registere                               | d office or registered agent, or both,  |  |
| SIGNATUR   | RE:   |  |  |   |   |  |
|  | Electro   | onic Signature of Registere  | d Agent  |   | Date  |  |
| Election Can   | npaign Financi  | ing Trust Fund Contribution (  | ).   |   |   |  |
| OFFICERS AND DIRECTORS:  |   |  | ADDITION   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |   |  |
| Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: | LYONS, DON,<br>ONE MIDLAN<br>SIOUX FALLS<br>C (<br>MASTERSON<br>ONE MIDLAN<br>SIOUX FALLS | ID PLAZA<br>S, SD 57193<br>( ) Delete<br>I, MICHAEL M<br>ID PLAZA<br>S, SD 57193<br>( ) Delete | Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: | SIOUX FAL<br>C<br>MASTERSO<br>ONE SAMM      | ONS PLAZA LS, SD 57193  (X) Change ( ) Addition ON, MICHAEL M ONS PLAZA LS, SD 57193  (X) Change ( ) Addition |  |
| City-St-Zip:   | SIOUX FALLS   | ID PLAZA   | Address:<br>City-St-Zip:   |   | IONS PLAZA<br>LS, SD 57193  |  |

Title: () Delete Title: (X) Change ( ) Addition CRAIG, JOHN J II CRAIG, JOHN J II Name: Name: ONE MIDLAND PLAZA ONE SAMMONS PLAZA Address: Address: SIOUX FALLS, SD 57193 SIOUX FALLS, SD 57193 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

HORVAT, STEPHEN P JR

SIOUX FALLS, SD 57193

(X) Change ( ) Addition

ONE SAMMONS PLAZA

PALMITIER, STEVEN C

ONE SAMMONS PLAZA

SIOUX FALLS, SD 57193

SIGNATURE: DANIEL M. KIEFER V 03/19/2009

HORVAT, STÈPHEN P JR

SIOUX FALLS, SD 57193

( ) Delete

ONE MIDLAND PLAZA

PALMITIER, STEVEN C

ONE MIDLAND PLAZA

SIOUX FALLS, SD 57193

PD

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip: