

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 808392

**Entity Name:** MIDWESTERN UNITED LIFE INSURANCE COMPANY**Current Principal Place of Business:**111 MONUMENT CIRCLE  
SUITE 2700  
INDIANAPOLIS, IN 46204**Current Mailing Address:**5770 POWERS FERRY ROAD NW  
ATLANTA, GA 30327 US**FEI Number:** 35-0838945**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name PRICE, JOHN  
Address 5770 POWERS FERRY ROAD NW  
City-State-Zip: ATLANTA GA 30327

Title ASST. SECRETARY  
Name LATTERY, ANGELIA M.  
Address 20 WASHINGTON AVENUE SOUTH  
City-State-Zip: MINNEAPOLIS MN 55401

Title TREASURER, VP  
Name HARTMAN, STEPHEN D.  
Address 1475 DUNWOODY DRIVE  
City-State-Zip: ATLANTA GA 30327

Title DIRECTOR, PRESIDENT AND CHIEF  
EXECUTIVE OFFICER  
Name GROVE, MATTHEW M.  
Address 1475 DUNWOODY DRIVE  
City-State-Zip: WEST CHESTER PA 19380

Title VP  
Name SOCHA, KEVIN R.  
Address 1475 DUNWOODY DRIVE  
City-State-Zip: WEST CHESTER PA 19380

Title SENIOR VICE PRESIDENT, CFO,  
CHIEF RISK OFFICER AND  
APPOINTED ACTUARY  
Name BRANTZEG, ANTHONY J.  
Address 1475 DUNWOODY DRIVE  
City-State-Zip: WEST CHESTER PA 19380

Title SENIOR VICE PRESIDENT AND CHIEF  
OPERATING OFFICER  
Name BAINBRIDGE, WILLIAM T.  
Address 1475 DUNWOODY DRIVE  
City-State-Zip: WEST CHESTER PA 19380

Title DIRECTOR  
Name FROHMAN, ANN  
Address 111 MONUMENT CIRCLE  
SUITE 2700  
City-State-Zip: INDIANAPOLIS IN 46204

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** LATTERY, ANGELIA M.

ASSISTANT SECRETARY 04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FITZGIBBONS, MICHAEL  
Address 111 MONUMENT CIRCLE  
SUITE 2700  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR  
Name HELE, JOHN  
Address 111 MONUMENT CIRCLE  
SUITE 2700  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR  
Name MOSS, JONATHAN  
Address 111 MONUMENT CIRCLE  
SUITE 2700  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR  
Name VANDECRUZE, GRACE  
Address 111 MONUMENT CIRCLE  
SUITE 2700  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR  
Name GUBBAY, KEITH  
Address 111 MONUMENT CIRCLE  
SUITE 2700  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR  
Name JACOBS, GREGORY  
Address 111 MONUMENT CIRCLE  
SUITE 2700  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR  
Name WILSON, W. WELDON  
Address 111 MONUMENT CIRCLE  
SUITE 2700  
City-State-Zip: INDIANAPOLIS IN 46204