

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 815501

**Entity Name:** MIDLAND NATIONAL LIFE INSURANCE COMPANY**Current Principal Place of Business:**4350 WESTOWN PARKWAY  
WEST DES MOINES, IA 50266**Current Mailing Address:**4350 WESTOWN PARKWAY  
WEST DES MOINES, IA 50266 US**FEI Number:** 46-0164570**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILL WARD HENDERSON  
101 EAST KENNEDY BOULEVARD  
SUITE 3700  
TAMPA, FL 33602 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:** BRETT PRESTON

02/11/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	LYONS, DONALD T
Address	4350 WESTOWN PARKWAY
City-State-Zip:	WEST DES MOINES IA 50266

Title	CHAIRMAN, DIRECTOR
Name	DINSHAW, ESFANDYAR E
Address	4350 WESTOWN PARKWAY
City-State-Zip:	WEST DES MOINES IA 50266

Title	VP, SECRETARY
Name	HANSEN, BRIAN D
Address	4350 WESTOWN PARKWAY
City-State-Zip:	WEST DES MOINES IA 50266

Title	PRESIDENT, DIRECTOR
Name	PALMITIER, STEVEN C
Address	525 WEST VAN BUREN 12TH FLOOR
City-State-Zip:	CHICAGO IL 60607

Title	VP, CFO, TREASURER
Name	ATTAWAY, DAVID C
Address	4350 WESTOWN PARKWAY
City-State-Zip:	WEST DES MOINES IA 50266

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:** BRIAN D. HANSEN**SECRETARY**

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date