2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808392

Apr 22, 2009 Secretary of State

FILED

Entity Name: MIDWESTERN UNITED LIFE INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business: 1290 BROADWAY 9229 DELEGATE'S ROW DENVER, CO 80203 US SUITE 480 INDIANAPOLIS, IN 46240 US **Current Mailing Address:** New Mailing Address: 20 WASHINGTON AVE SOUTH 20 WASHINGTON AVE SOUTH **ROUTE 1261** ROUTE 1226 MINNEAPOLIS, MN 55401 US MINNEAPOLIS, MN 55401 FEI Number: 35-0838945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BRITTON, DONALD W Name: Name: 5780 POWERS FERRY RD NW Address: Address: City-St-Zip: ATLANTA, GA 30327 City-St-Zip: CFOD Title: Title: () Delete () Change () Addition Name: WHEAT, DAVID A Name: 5780 POWERS FERRY RD NW Address: Address: ATLANTA, GA 30327 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BENNER, JOY M Name: Name: 20 WASHINGTON AVENUE S Address: Address: City-St-Zip: MINNEAPOLIS, MN 55401 City-St-Zip: Title: **VPT** () Delete Title: SVPT (X) Change () Addition PENDERGRASS, DAVID S PENDERGRASS, DAVID S Name: Name: Address: 5780 POWERS FERRY ROAD NW Address: 5780 POWERS FERRY ROAD NW City-St-Zip: ATLANTA, GA 30327 City-St-Zip: ATLANTA, GA 30327 Title: AS Title: (X) Change () Addition () Delete AS CAVENDER, DIANA O'DONNELL, MELISSA Name: Name: 20 WASHINGTON AVE SOUTH Address: 20 WASHINGTON AVE SOUTH Address: City-St-Zip: MINNEAPOLIS, MN 55401 City-St-Zip: MINNEAPOLIS, MN 55401 () Delete Title: Title: (X) Change () Addition FOSTER, M. CHRISTINE Name: Name: NELSON, TINA M 20 WASHINGTON AVE S 20 WASHINGTON AVE S Address: Address: City-St-Zip: MINNEAPOLIS, MN 55401 City-St-Zip: MINNEAPOLIS, MN 55401

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.

SIGNATURE: TINA M. NELSON AS 04/22/2009