FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 812076 (8)

1. Corporation Name

THE MIDLAND MUTUAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
250 E BROAD ST /-THE- COLUMBUS OH 43215	250 E BROAD ST /-THE- COLUMBUS OH 43215

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/17/1957
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 31-4252930 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

O MALLEY,THOMAS D
INSURANCE COMMISSIONER, STATE OF FLA
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

(Signature, typed or printed name of registered agent and title if officer or director) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	11 TITLE		☐ Change ☐ Addition
NAME	MAYO, GERALD	12 NAME		
STREET ADDRESS	641 S. FIFTH STREET	13 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 00000	14 CITY-ST-ZIP		
TITLE	VA	21 TITLE		☐ Change ☐ Addition
NAME	GRANIERI, VINCENT J.	22 NAME		
STREET ADDRESS	1430 BEAN OLLER ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	DELAWARE OH	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	LINE, RUSSELL A	32 NAME		
STREET ADDRESS	337 LAMBOURNE AVE	33 STREET ADDRESS		
CITY-ST-ZIP	WORTHINGTON, OH 00000	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, TOBY G.	42 NAME		
STREET ADDRESS	1013 ATLANTIC AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	KETTLER, JACK	52 NAME		
STREET ADDRESS	1420 BEAN OLLER ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	DELAWARE OH	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	TESKE, ROBERT J	62 NAME		
STREET ADDRESS	170 OLENTANGY RIDGE PLACE	63 STREET ADDRESS		
CITY-ST-ZIP	POWELL OH	64 CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this filing is currently furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [redacted] 2/27/95 (614) [redacted]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0476260 FP