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Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90132 049 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 812076

1. Corporation Name

THE MIDLAND LIFE INSURANCE COMPANY



Principal Place of Business  
250 E BROAD ST  
COLUMBUS OH 43215

Mailing Address  
250 E BROAD ST  
COLUMBUS OH 43215

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1957

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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 owes the current year Intangible  
Personal Property Tax.

☐ 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HRON, IHOR W  
STREET ADDRESS 7877 MAPLE GROVE DR  
CITY-ST-ZIP GALENA OH

☐ DELETE

TITLE VD  
NAME LOFFA, MICHAEL A  
STREET ADDRESS 5138 PRESTON CT  
CITY-ST-ZIP POWELL OH

☐ DELETE

TITLE V  
NAME READ, ROBERT C  
STREET ADDRESS 1291 GRANFIELD CT  
CITY-ST-ZIP GAHANNA OH

☐ DELETE

TITLE S  
NAME THOMPSON, TOBY G.  
STREET ADDRESS 1013 ATLANTIC AVE.  
CITY-ST-ZIP COLUMBUS OH

☐ DELETE

TITLE V  
NAME GARLOCK, GARTH A  
STREET ADDRESS 742 GARRETT DR  
CITY-ST-ZIP COLUMBUS OH

☐ DELETE

TITLE V  
NAME WELSH, DAVID N  
STREET ADDRESS 2144 OLDE SAWMILL BLVD  
CITY-ST-ZIP DUBLIN OH

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME HRON, IHOR W  
1.3 STREET ADDRESS 7877 MAPLE GROVE DR  
1.4 CITY-ST-ZIP LEWIS CENTER OH 43035

☒ Change

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

4.1 TITLE S  
4.2 NAME THOMPSON, TOBY G.  
4.3 STREET ADDRESS 1542 DEER CREEK COURT  
4.4 CITY-ST-ZIP WORTHINGTON OH 43085

☒ Change

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: TOBY G. THOMPSON December 13, 1999 (614) 228-2001