

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 24, 2000 8:00 am**
Secretary of State

04-26-2000 90135 034 ***150.00

DOCUMENT # 812076

1. Entity 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 43215-3708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-4252930

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HRON, IHOR W	
STREET ADDRESS	7877 MAPLE GROVE DR	
CITY-ST-ZIP	LEWIS CENTER OH 43035	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOFFA, MICHAEL A	
STREET ADDRESS	5138 PRESTON CT	
CITY-ST-ZIP	POWELL OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	READ, ROBERT C	
STREET ADDRESS	1291 GRANFIELD CT	
CITY-ST-ZIP	GAHANNA OH	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMPSON, TOBY G.	
STREET ADDRESS	1542 DEER CREEK CT	
CITY-ST-ZIP	WORTHINGTON OH 43085	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARLOCK, GARTH A	
STREET ADDRESS	742 GARRETT DR	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	WELSH, DAVID N	
STREET ADDRESS	2144 OLDE SAWMILL BLVD	
CITY-ST-ZIP	DUBLIN OH	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TREASURER
Robert M. Lynd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT C. READ**5/15/00 (614) 228-2001**

CP2E034 (9/99)