

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

Mailing Address

250 E BROAD ST  
COLUMBUS OH 43215

250 E BROAD ST  
COLUMBUS OH 43215

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/17/1957

5. FEI Number

31-4252930

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>PD</del> P, CEO	HRON, IHOR W	7877 MAPLE GROVE DR	LEWIS CENTER OH 43035
<del>VD</del> EVP	LOFFA, MICHAEL A	5138 PRESTON CT	POWELL OH
<del>V</del> Chairman	<del>READ, ROBERT C</del> DUBOIS, JACQUES E	<del>1291 GRANFIELD CT</del> 969 HIGH RIDGE ROAD	<del>GAHANNA OH</del> STAMFORD, CT
<del>V</del> Vice Chairman	<del>THOMPSON, TOBY G.</del> STROUP, CHRIS C	<del>1542 DEER CREEK CT</del> 969 HIGH RIDGE ROAD	<del>WORTHINGTON OH 43085</del> STAMFORD, CT
<del>V</del> VP, GC	<del>GARLOCK, GARTH A</del> WILSON, W. WELDON	<del>742 GARRETT DR</del> 969 HIGH RIDGE ROAD	<del>COLUMBUS OH</del> STAMFORD, CT
<del>V</del> S	<del>WELSH, DAVID N</del> HARRIGAN, PATRICIA D	<del>2144 OLDE SAWMILL BLVD</del> 969 HIGH RIDGE ROAD	<del>DUBLIN OH</del> STAMFORD, CT

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name  
Insurance Commissioner  
Street Address (P.O. Box Number is Not Acceptable)  
The Capitol Bldg.  
Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/01  
Date

2033213119  
Daytime Phone #

CR2E040 (8/01)