

815501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entry Name)

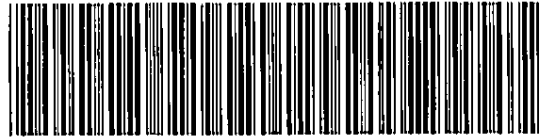
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OFFICE OF STATE
CLERK

STATE OF FLORIDA

C. BRUMBLEY
JAN 14 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 354605 8109925

AUTHORIZATION :



COST LIMIT : \$ 35.00

ORDER DATE : December 29, 2021

ORDER TIME : 2:06 PM

ORDER NO. : 354605-010

CUSTOMER NO: 8109925

CHANGE OF AGENT

NAME: MIDLAND NATIONAL LIFE
INSURANCE COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: _____

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Iowa in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MIDLAND NATIONAL LIFE INSURANCE COMPANY
2. The principal office address: 8300 MILLS CIVIC PARKWAY
WEST DES MOINES, IA 50266
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/09/1961 Document number: 815501
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Hill Ward Henderson

101 East Kennedy Boulevard, Suite 3700

Tampa

FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of this change.

B. Am

Signature of an officer or director

Brian Hansen, SVP, General Counsel + Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: Alexxis Weiland, Assistant Vice President

Signature of Registered Agent

December 29th, 2021

Date

If signing on behalf of an entity:

Alexxis Weiland, Asst. Vice President

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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