

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90008 034 ***550.00

0551977

DOCUMENT # 818785

1. Corporation Name

MID-CONTINENT LIFE INSURANCE COMPANY



Principal Place of Business

1400 CLASSEN DRIVE - P O BOX 60269
OKLAHOMA CITY OKLAHOMA 73146-7269

Mailing Address

1400 CLASSEN DRIVE - P O BOX 60269
OKLAHOMA CITY OKLAHOMA 73146-7269

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1965

4. FEI Number

73-0353520

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE REC
NAME CRAWFORD, JOHN P INS.COM
STREET ADDRESS OK. INS. DEPT 3414 N SANTA FE
CITY-ST-ZIP OKLAHOMA CITY OK 73152-3408 ☒ DELETE

11 TITLE Receiver
12 NAME Carroll Fisher
13 STREET ADDRESS Ok. Ins. Dept. 3414 N. Santa Fe
14 CITY-ST-ZIP Oklahoma City, OK 73152-3408 ☒ Addition

TITLE AREC
NAME FITZSIMONS, KEITH
STREET ADDRESS 1400 CLASSEN DRIVE
CITY-ST-ZIP OKLAHOMA CITY OK 73106 ☒ DELETE

21 TITLE Assistant Receiver
22 NAME Bernard G. ILL
23 STREET ADDRESS 1400 Classen Drive
24 CITY-ST-ZIP Oklahoma City, OK 73106 ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Bernard G. Ill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard G. Ill

5/17/99

(405)524-8444

Date

Daytime Phone #

CR2E034 (11/98)