

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91343 038 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **818785**

1. Entity Name

Mid-Continent Life Insurance Company

669112

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2401 NW 23rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 18637

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Oklahoma City, OK

City & State

Oklahoma City, OK

4. FEI Number

73-0353520

Applied For

Not Applicable

Zip

73154

Country

USA

Zip

73154

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **CT Corporation**

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

1200 S. Pine Island Road

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**Receiver
Fisher, Carroll
P.O. Box 53408
Oklahoma City, OK 73154-3408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Asst. Receiver
Abel, Bob
P.O. Box 18637
Oklahoma City, OK 73154**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bob Abel BOB ABEL

Date

Daytime Phone #

4/6/02 (405) 947-0022

CR2E034B (12/01)