FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005081 (4)**

1. Corporation Name

MIDAMERICA LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 64433 ST. PAUL MN 55164-0433	P.O. BOX 64433 ST. PAUL MN 55164-0433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/29/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **23-1609793** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when amending)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P/D	☒ Change ☐ Addition
NAME	SCHMIDT, DALE F	12 NAME		
STREET ADDRESS	1801 W. COUNTY RD. B	13 STREET ADDRESS		
CITY ST ZIP	ROSEVILLE MN 55113	14 CITY ST ZIP		
TITLE	V	21 TITLE	V/D	☒ Change ☐ Addition
NAME	BOWLES, JAMES O	22 NAME		
STREET ADDRESS	1620 KIPLING ST.	23 STREET ADDRESS		
CITY ST ZIP	LAKEWOOD CO 80215	24 CITY ST ZIP		
TITLE	S	31 TITLE	V/D	☒ Change ☐ Addition
NAME	EMERSON, MICHAEL L	32 NAME		
STREET ADDRESS	1801 W. COUNTY RD. B	33 STREET ADDRESS		
CITY ST ZIP	ROSEVILLE MN 55113	34 CITY ST ZIP		
TITLE	T	41 TITLE	T/D	☒ Change ☐ Addition
NAME	HANSEN, JEFFREY J	42 NAME		
STREET ADDRESS	1801 W. COUNTY RD. B	43 STREET ADDRESS		
CITY ST ZIP	ROSEVILLE MN 55113	44 CITY ST ZIP		
TITLE	D	51 TITLE	V John M. Loesch	☒ Change ☐ Addition
NAME	MURPHY, JOE	52 NAME		
STREET ADDRESS	809 MAY ST.	53 STREET ADDRESS	1801 W. County Rd B. Roseville, MN 55113	
CITY ST ZIP	BEAVER DAM WI 53916	54 CITY ST ZIP		
TITLE	D	61 TITLE	S/D Eric Netteberg	☒ Change ☐ Addition
NAME	BAUKOL, WARREN	62 NAME		
STREET ADDRESS	RT. 1	63 STREET ADDRESS	1801 W. County Rd B. Roseville, MN 55113	
CITY ST ZIP	STARBUCK MN 56381	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jeffrey Hansen — Jeffrey J. Hansen — 3-27-95 — 612-628-1671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000130 CP