**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **F94000005081 (4)**

1. Corporation Name

**MIDAMERICA LIFE INSURANCE COMPANY**

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

Mailing Address
**P.O. BOX 64433**
**ST. PAUL MN 55164-0433**

3. Date Incorporated or Qualified: **09/29/1994**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business
21 **1801 W County Rd B**
Suite, Apt. #, etc.
22
City & State
23 **Roseville Mn**
Zip 24 **55113** Country 25

2a. Mailing Address
26 **Same**
Suite, Apt. #, etc.
27
City & State
28
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

8. 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

Signature (typed or printed name of registered agent or officer of agent) NOTE: Registered Agent signature required for other filings DATE

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | PD | ☒ DELETE |
| NAME | SCHMIDT, DALE F | |
| STREET ADDRESS | 1801 W. COUNTY RD. B | |
| CITY-ST-ZIP | ROSEVILLE MN | |
| TITLE | VD | ☐ DELETE |
| NAME | BOWLES, JAMES O | |
| STREET ADDRESS | 1620 KIPLING ST. | |
| CITY-ST-ZIP | LAKEWOOD CO | |
| TITLE | VD | ☐ DELETE |
| NAME | EMERSON, MICHAEL L | |
| STREET ADDRESS | 1801 W. COUNTY RD. B | |
| CITY-ST-ZIP | ROSEVILLE MN | |
| TITLE | TD | ☐ DELETE |
| NAME | HANSEN, JEFFREY J | |
| STREET ADDRESS | 1801 W. COUNTY RD. B | |
| CITY-ST-ZIP | ROSEVILLE MN | |
| TITLE | V | ☐ DELETE |
| NAME | LOESCH, JOHN M | |
| STREET ADDRESS | 1801 W. COUNTY RD. B. | |
| CITY-ST-ZIP | ROSEVILLE MN | |
| TITLE | SD | ☐ DELETE |
| NAME | NETTEBERG, ERIC | |
| STREET ADDRESS | 1801 W. COUNTY RD. B. | |
| CITY-ST-ZIP | ROSEVILLE MN | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | |
|---|---|---|
| 1.1 TITLE | Pd | ☐ Change ☒ Addition |
| 1.2 NAME | Storbakken, Norman C | |
| 1.3 STREET ADDRESS | 1801 W. County Rd B | |
| 1.4 CITY-ST-ZIP | Roseville, Mn 55113 | |
| 2.1 TITLE | | ☐ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

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)(k), 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 J. Hansen Treasurer/Controller 612-631-1075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date or Phone #