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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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	Mailing Address
1801 W COUNTY RD B ROSEVILLE MN 55113 US	P.O. BOX 64433 ST. PAUL MN 55164-0433

3. Date Incorporated or Qualified: 09/29/1994
3a. Date of Last Report: 03/08/1996

2. Principal Place of Business
21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address
26 1801 W County Rd B
Suite, Apt. #, etc. 27
City & State 28 Roseville, MN
Zip 29 55113 | Country 30 US

4. FEI Number: 23-1609793 ☐ Applied For ☐ Not Applicable

6. 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 of new registered agent, if changing 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STORBAKKEN, NORMAN C		1.2 NAME		
STREET ADDRESS	1801 W COUNTY RD B		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROSEVILLE MN		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	SVPD	☐ Change ☒ Addition
NAME	BOWLES, JAMES O		2.2 NAME	White, Gary R	
STREET ADDRESS	1620 KIPLING ST.		2.3 STREET ADDRESS	1801 W County Rd B	
CITY-ST-ZIP	LAKEWOOD CO		2.4 CITY-ST-ZIP	Roseville, MN 55113	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EMERSON, MICHAEL L		3.2 NAME		
STREET ADDRESS	1801 W. COUNTY RD. B		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROSEVILLE MN		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HANSEN, JEFFREY J		4.2 NAME		
STREET ADDRESS	1801 W. COUNTY RD. B		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROSEVILLE MN		4.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LOESCH, JOHN M		5.2 NAME		
STREET ADDRESS	1801 W. COUNTY RD. B.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROSEVILLE MN		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	NETTEBERG, ERIC		6.2 NAME		
STREET ADDRESS	1801 W. COUNTY RD. B.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ROSEVILLE MN		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Jeffrey Hansen — Jeffrey J. Hansen — 2-5-97 — 612-631-1075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #