

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

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Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000005081 (4)**

1. Corporation Name

MIDAMERICA LIFE INSURANCE COMPANY

Principal Place of Business

1901 W COUNTY RD B
ROSEVILLE MN 55113
US

Mailing Address

1801 WEST COUNTY ROAD B
ROSEVILLE MN 55113
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 **11808 Grant Street**

Suite, Apt. #, etc.

2a. Mailing Address

26 **P.O. Box 3160**

Suite, Apt. #, etc.

City & State

23 **Omaha, NE**

City & State

28 **Omaha, NE**

Zip

68164

Country

Zip

29 **68103-0160**

Country

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **STORBAKKEN, NORMAN C**
STREET ADDRESS **1801 W COUNTY RD B**
CITY-ST-ZIP **ROSEVILLE MN**

TITLE **VPOS** ☒ DELETE

NAME **WHITE, GARY R**
STREET ADDRESS **1801 WEST COUNTY ROAD B**
CITY-ST-ZIP **ROSEVILLE MN**

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 **SD** ☒ DELETE

NAME **NETTEBERG, ERIC**
STREET ADDRESS **1801 W. COUNTY RD. B.**
CITY-ST-ZIP **ROSEVILLE MN**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PC** ☐ Change ☒ Addition

1.2 NAME **Eilers, Tom O.**
1.3 STREET ADDRESS **11808 Grant Street**
1.4 CITY-ST-ZIP **Omaha, NE 68164**

2.1 TITLE **VSD** ☐ Change ☒ Addition

2.2 NAME **Richhart, James W.**
2.3 STREET ADDRESS **11808 Grant Street**
2.4 CITY-ST-ZIP **Omaha, NE 68164**

3.1 TITLE **VD** ☐ Change ☒ Addition

3.2 NAME **Eilers, William J.**
3.3 STREET ADDRESS **11808 Grant Street**
3.4 CITY-ST-ZIP **Omaha, NE 68164**

4.1 TITLE **VTD** ☐ Change ☒ Addition

4.2 NAME **Daubenmier, Steve R.**
4.3 STREET ADDRESS **11808 Grant Street**
4.4 CITY-ST-ZIP **Omaha, NE 68164**

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

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.

SIGNATURE:

Tom O. Eilers, Pres. 1-14-98 402/496-8166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

0522306

CR2E034 (10/97)