


B182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

SECRETARY OF STATE
DIVISION OF CORPORATION
04 OCT 20 PM 3:25

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005081

1. Corporation Name
MidAmerica Life Insurance Company

2. Principal Office Address
11808 Grant Street

3. Mailing Office Address
P.O. Box 3160

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Omaha, NE

City & State

Omaha, NE

Zip
68164

Country
USA

Zip
68103-0160

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 08/10/62

5. FEI Number
23-1609793

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Commissioner of Insurance

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

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32399-0332

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date


REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
SEE ATTACHMENT			

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:



Michael C. Fitzgerald

9-28-04

515-245-2072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

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MIDAMERICA LIFE INSURANCE COMPANY
OFFICERS/DIRECTORS

<u>Name</u>	<u>Address</u>
Michael E. Abbott= C/P/D/CEO	100 Market Street #206, Des Moines, Iowa 50309
Craig W. Bainbridge, M.D. = D	4640 Perry Way, Sioux City, Iowa 51104
Joseph E. Blair Jr. = D	2111 Knox Avenue, Reisterstown, Maryland 21136
Tom D. Eilers = D	7218 N. 122 nd Avenue, Omaha, Nebraska 68142
Brent B. (Chris) Green = D	7 – 34 th Street, Des Moines, Iowa 50312
Burdette N. Heikens = D	P.O. Box 2245, Carefree, Arizona 85377
John L. Maginn = D	1908 N. 101 st Street, Omaha, Nebraska 68114
James A. Walker = D	2685 North Shore Drive, Wayzata, Minnesota 55391
Mary K. Durand = S	3909 65 th Street, Urbandale, Iowa 50322
Michael C. Fitzgerald = GC	104 51 st Street, Des Moines, Iowa 50312
Sarah J. Roy = T	2340 Ashworth Road, West Des Moines, Iowa 50265

C – Chairman of the Board
P – President
D – Director
CEO – Chief Executive Officer
S – Secretary
GC – General Counsel
T – Treasurer