

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005081

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: MIDAMERICA LIFE INSURANCE COMPANY

## Current Principal Place of Business:

11808 GRANT ST  
OMAHA, NE 68164 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 3160  
OMAHA, NE 681030160 US

## New Mailing Address:

FEI Number: 23-1609793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete  
Name: ABBOTT, MICHAEL E CEO  
Address: 100 MARKET ST #206  
City-St-Zip: DES MOINES, IA 50309

Title: D ( ) Delete  
Name: BAINBRIDGE, CRAIG W W  
Address: 4640 PERRY WAY  
City-St-Zip: SIOUX CITY, IA 51104

Title: D ( ) Delete  
Name: EILERS, TOM D  
Address: 7218 N 122ND AVE  
City-St-Zip: OMAHA, NE 68142

Title: D ( ) Delete  
Name: BLAIR MIER, JOSEPH E JR  
Address: 2111 KNOX AVE  
City-St-Zip: REISTERSTOWN, MD 21136

Title: S ( ) Delete  
Name: DURAND, MARY K  
Address: 3909 65TH ST  
City-St-Zip: URBANDALE, IA 50322

Title: T ( ) Delete  
Name: ROY, SARAH J  
Address: 2340 ASHWORTH RD  
City-St-Zip: WEST DES MOINES, IA 50265

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH JANE ROY

TREA

04/13/2005

Electronic Signature of Signing Officer or Director

Date