

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808392

Entity Name: MIDWESTERN UNITED LIFE INSURANCE COMPANY

Current Principal Place of Business:

111 MONUMENT CIRCLE
SUITE 2700
INDIANAPOLIS, IN 46204

FILED
Apr 30, 2021
Secretary of State
4822005031CC

Current Mailing Address:

5770 POWERS FERRY ROAD NW
ATLANTA, GA 30327 US

FEI Number: 35-0838945

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title SECRETARY
Name PRICE, JOHN
Address 5770 POWERS FERRY ROAD NW
City-State-Zip: ATLANTA GA 30327

Title VP
Name SOCHA, KEVIN R.
Address 1475 DUNWOODY DRIVE
City-State-Zip: WEST CHESTER PA 19380

Title ASST. SECRETARY
Name LATTERY, ANGELIA M.
Address 20 WASHINGTON AVENUE SOUTH
City-State-Zip: MINNEAPOLIS MN 55401

Title SENIOR VICE PRESIDENT, CFO,
CHIEF RISK OFFICER AND
APPOINTED ACTUARY
Name BRANTZEG, ANTHONY J.
Address 1475 DUNWOODY DRIVE
City-State-Zip: WEST CHESTER PA 19380

Title TREASURER, VP
Name HARTMAN, STEPHEN D.
Address 1475 DUNWOODY DRIVE
City-State-Zip: ATLANTA GA 30327

Title SENIOR VICE PRESIDENT AND CHIEF
OPERATING OFFICER
Name BAINBRIDGE, WILLIAM T.
Address 1475 DUNWOODY DRIVE
City-State-Zip: WEST CHESTER PA 19380

Title DIRECTOR, PRESIDENT AND CHIEF
EXECUTIVE OFFICER
Name GROVE, MATTHEW M.
Address 1475 DUNWOODY DRIVE
City-State-Zip: WEST CHESTER PA 19380

Title DIRECTOR
Name FROHMAN, ANN
Address 111 MONUMENT CIRCLE
SUITE 2700
City-State-Zip: INDIANAPOLIS IN 46204

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I hereby 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 all other like empowered.

SIGNATURE: ANGELIA LATTERY

ASSISTANT SECRETARY 04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FITZGIBBONS, MICHAEL
Address 111 MONUMENT CIRCLE
SUITE 2700
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name HELE, JOHN
Address 111 MONUMENT CIRCLE
SUITE 2700
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name MOSS, JONATHAN
Address 111 MONUMENT CIRCLE
SUITE 2700
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name VANDECRUZE, GRACE
Address 111 MONUMENT CIRCLE
SUITE 2700
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name GUBBAY, KEITH
Address 111 MONUMENT CIRCLE
SUITE 2700
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name JACOBS, GREGORY
Address 111 MONUMENT CIRCLE
SUITE 2700
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name WILSON, W. WELDON
Address 111 MONUMENT CIRCLE
SUITE 2700
City-State-Zip: INDIANAPOLIS IN 46204