

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213546716

1.) CORPORATION NAME:

MIDWESTERN UNITED LIFE INSURANCE COMPANY

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F0097933**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,175,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2970 W. CROSS CREEK DRIVE

CITY/ST/ZIP: MONROVIA, IN 46157

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DONALD W BRITTON		
TITLE:	PRESIDENT		
ADDRESS:	20 WASHINGTON AVE, S		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55401		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TINA M. NELSON		
TITLE:	ASSIST SEC		
ADDRESS:	20 WASHINGTON AVE S		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55401		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	EWOUT STEENBERGEN		
TITLE:	EVP		
ADDRESS:	230 PARK AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10169		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MEGAN A HUDDLESTON		
TITLE:	SVP/Secretary		
ADDRESS:	ONE ORANGE WAY		
CITY/ST/ZIP/CO:	WINDSOR, CT 06095		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Mary Beams		
TITLE:	DIRECTOR		
ADDRESS:	One Orange Way		
CITY/ST/ZIP/CO:	Windsor, CT 06095		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Alain M. Karaoglan		
TITLE:	DIRECTOR		
ADDRESS:	230 Park Avenue		
CITY/ST/ZIP/CO:	New York, NY 10169		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rodney O. Martin, Jr. DIRECTOR 230 Park Avenue New York, NY 10169	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Noel D. Phillips DIRECTOR 2970 West Crosscreek Drive Monrovia, IN 46157	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Smith EVP 1475 Dunwoody Drive West Chester, PA 19380	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christine L. Hurtsellers SVP 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gilbert E. Mathis SVP 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Thomas A. Lutter SVP/CFO 1475 Dunwoody Drive West Chester, PA 19380	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Patrick D. Lusk SVP & AA 1475 Dunwoody Drive West Chester, PA 19380	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Steven T. Pierson SVP/CAO 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David S. Pendergrass SVP/Treasurer 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Diane M. McCarthy SVP, Finance 1475 Dunwoody Drive West Chester, PA 19380	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Boyd G. Combs SVP, Tax 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Melissa ODonnell ASST SECRETARY 20 Washington Avenue South Minneapolis, MN 55401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jennifer M. Ogren ASST SECRETARY 20 Washington Avenue South Minneapolis, MN 55401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ TINA M. NELSON	TINA M. NELSON, ASSIST SEC	10/8/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.