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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 833059

1. Corporation Name
MUTUAL OF OMAHA INSURANCE COMPANY

Principal Place of Business	Mailing Address
MUTUAL OF OMAHA PLAZA OMAHA NE 68175	MUTUAL OF OMAHA PLAZA OMAHA NE 68175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 02/12/1925

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 47-0246511 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COMMISSIONER OF INSURANCE
DEPARTMENT OF INSURANCE
STATE CAPITOL
TALLAHASSEE FL 32304

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	☐ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	WEEKLY, JOHN W		1.2 NAME	WEEKLY, JOHN W	
STREET ADDRESS	MUTUAL OF OMAHA PLAZA		1.3 STREET ADDRESS	MUTUAL OF OMAHA PLAZA	
CITY-ST-ZIP	OMAHA NE		1.4 CITY-ST-ZIP	OMAHA, NEBRASKA 68175	
TITLE	TEV	☐ DELETE	2.1 TITLE	T	☒ Change ☐ Addition
NAME	MAGINN, JOHN L		2.2 NAME	MAGINN, JOHN L	
STREET ADDRESS	MUTUAL OF OMAHA PLZ.		2.3 STREET ADDRESS	MUTUAL OF OMAHA PLAZA	
CITY-ST-ZIP	OMAHA NE		2.4 CITY-ST-ZIP	OMAHA, NEBRASKA 68175	
TITLE	V	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	PRAUNER, MARK L		3.2 NAME	PRAUNER, MARK L	
STREET ADDRESS	MUTUAL OF OMAHA PLAZA		3.3 STREET ADDRESS	MUTUAL OF OMAHA PLAZA	
CITY-ST-ZIP	OMAHA NE		3.4 CITY-ST-ZIP	OMAHA, NEBRASKA 68175	
TITLE	PD	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	STURGEON, JOHN A		4.2 NAME	STURGEON, JOHN A	
STREET ADDRESS	MUTUAL OF OMAHA PLAZA		4.3 STREET ADDRESS	MUTUAL OF OMAHA PLAZA	
CITY-ST-ZIP	OMAHA NE		4.4 CITY-ST-ZIP	OMAHA, NEBRASKA 68175	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	FOGGIE, SAMUEL L		5.2 NAME	FOGGIE, SAMUEL L	
STREET ADDRESS	MUTUAL OF OMAHA PLAZA		5.3 STREET ADDRESS	MUTUAL OF OMAHA PLAZA	
CITY-ST-ZIP	OMAHA NE		5.4 CITY-ST-ZIP	OMAHA, NEBRASKA 68175	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SAMPSON, RICHARD J		6.2 NAME		
STREET ADDRESS	MUTUAL OF OMAHA PLAZA		6.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE 68175		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, with all other like empowered.

SIGNATURE: Mark L. Prauner REQUIRED 1/19/99 402-351-5097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)

244958-90002-35
833059

Mutual of Omaha Insurance Company
#833059

January 08, 1999

Question 12

The following directors of this company may be contacted at the following address:

MUTUAL OF OMAHA INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175

DIRECTORS

Addition	D	Carol B. Hallett
Addition	D	Jeffrey M. Heller
Addition	D	Thomas W. Osborne
Addition	D	Hugh V. Plunkett III
Addition	D	Oscar S. Straus II
Addition	D	Michael A. Wayne