

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 833059

1. Entity Name

MUTUAL OF OMAHA INSURANCE COMPANY

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90002 046 ***150.00

Principal Place of Business

Mailing Address

MUTUAL OF OMAHA PLAZA
OMAHA NE 68175

MUTUAL OF OMAHA PLAZA
OMAHA NE 68175-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0246511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMMISSIONER OF INSURANCE
DEPARTMENT OF INSURANCE
STATE CAPITOL
TALLAHASSEE FL 32304

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME CD
STREET ADDRESS WEEKLY, JOHN W
CITY-ST-ZIP MUTUAL OF OMAHA PLAZA
OMAHA NE 68175

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME T
STREET ADDRESS MAGINN, JOHN L
CITY-ST-ZIP MUTUAL OF OMAHA PLZ
OMAHA NE 68175

TITLE ☐ Change ☒ Addition
NAME EV/T
STREET ADDRESS Witt, Richard A.
CITY-ST-ZIP Mutual of Omaha Plaza
Omaha, NE 68175

TITLE ☐ Delete
NAME V
STREET ADDRESS PRAUNER, MARK L
CITY-ST-ZIP MUTUAL OF OMAHA PLAZA
OMAHA NE 68175

TITLE ☒ Change ☐ Addition
NAME Sr.V
STREET ADDRESS Prauner, Mark L.
CITY-ST-ZIP Mutual of Omaha Plaza
Omaha, NE 68175

TITLE ☐ Delete
NAME PD
STREET ADDRESS STURGEON, JOHN A
CITY-ST-ZIP MUTUAL OF OMAHA PLAZA
OMAHA NE 68175

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS FOGGIE, SAMUEL L
CITY-ST-ZIP MUTUAL OF OMAHA PLAZA
OMAHA NE 68175

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS SAMPSON, RICHARD J
CITY-ST-ZIP MUTUAL OF OMAHA PLAZA
OMAHA NE 68175

TITLE ☐ Change ☒ Addition
NAME EV/S
STREET ADDRESS Huerter, M. Jane
CITY-ST-ZIP Mutual of Omaha Plaza
Omaha, NE 68175

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark L. Prauner Mark L. Prauner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

Date

402-351-5097

Daytime Phone #

CR2E034 (9/99)