

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90089 009 ***150.00

DOCUMENT # 833059

1. Entity Name

MUTUAL OF OMAHA INSURANCE COMPANY

Principal Place of Business

**MUTUAL OF OMAHA PLAZA
OMAHA NE 68175**

Mailing Address

**MUTUAL OF OMAHA PLAZA
OMAHA NE 68175**

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	CD WEEKLY, JOHN W MUTUAL OF OMAHA PLAZA OMAHA NE 68175	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVT WITT, RICHARD A MUTUAL OF OMAHA PLZ. OMAHA NE 68175	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV PRAUNER, MARK L MUTUAL OF OMAHA PLAZA OMAHA NE 68175	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STURGEON, JOHN A MUTUAL OF OMAHA PLAZA OMAHA NE 68175	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGGIE, SAMUEL L MUTUAL OF OMAHA PLAZA OMAHA NE 68175	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS HUERTER, M J MUTUAL OF OMAHA PLAZA OMAHA NE 68175	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVT Thompson, Tommie D Mutual of Omaha Plaza Omaha, NE 68175	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

4/13/01

402-351-2078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)