

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90140 002 \*\*\*150.00

DOCUMENT # 850312

1. Corporation Name  
COLUMBIA INSURANCE COMPANY

Principal Place of Business

3024 HARNEY STREET  
OMAHA NE 68131-0580

Mailing Address

3024 HARNEY STREET  
OMAHA NE 68131-0580

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1981

4. FEI Number

47-0530077

Applied For

Not Applicable

5. Certificate 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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME BALLER, LESLIE J  
STREET ADDRESS 3024 HARNEY STREET  
CITY-ST-ZIP OMAHA NE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME GOLDBERG, MICHAEL A.  
STREET ADDRESS 1440 KIEWIT PLAZA  
CITY-ST-ZIP OMAHA NE

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PD ☐ DELETE

NAME WURSTER, DONALD F.  
STREET ADDRESS 3024 HARNEY STREET  
CITY-ST-ZIP OMAHA NE

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SVD ☐ DELETE

NAME KRUTTER, FORREST N.  
STREET ADDRESS 3024 HARNEY STREET  
CITY-ST-ZIP OMAHA NE

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE CD ☐ DELETE

NAME BUFFETT, WARREN  
STREET ADDRESS 1440 KIEWIT PLAZA  
CITY-ST-ZIP OMAHA NE

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME HAMBURG, MARC D  
STREET ADDRESS 1440 KIEWIT PLAZA  
CITY-ST-ZIP OMAHA NE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald F. Wurster 4-19-99 (402)536-3000

Date

Daytime Phone #

CR2E034 (11/98)