

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 846082

1. Entity Name

CONTINENTAL GENERAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

8901 INDIAN HILLS DRIVE
OMAHA NE 68114

8901 INDIAN HILLS DRIVE
OMAHA NE 68114

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 47-0463747

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

INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 P
NAME NIELSON, MARK
STREET ADDRESS 8901 INDIAN HILLS DRIVE
CITY-ST-ZIP OMAHA NE 68114

Delete

TITLE VP
NAME GRAUL, LONNIE M
STREET ADDRESS 8901 INDIAN HILLS DRIVE
CITY-ST-ZIP OMAHA NE 68114

Delete

TITLE S
NAME STANDISH, LINDA S
STREET ADDRESS 17800 ROYALTON RD
CITY-ST-ZIP STRONGSVILLE OH 44136

Delete

TITLE T
NAME WHARTON, LARRY
STREET ADDRESS 17800 ROYALTON RD
CITY-ST-ZIP STRONGSVILLE OH 44136

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VP
NAME MARK BILLINGSLEY
STREET ADDRESS 8901 INDIAN HILLS DRIVE
CITY-ST-ZIP OMAHA NE 68114

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VP
NAME HERBERT L SCHMIDT
STREET ADDRESS 8901 INDIAN HILLS DRIVE
CITY-ST-ZIP OMAHA NE 68114

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:

Herbert L Schmidt

HERBERT L SCHMIDT 07/09/01

402-952-4346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90007 035 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)