

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000001983

**Entity Name:** THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA, INC.

**FILED**  
**Apr 22, 2024**  
**Secretary of State**  
**7441881938CC**

**Current Principal Place of Business:**

10843 OLD MILL ROAD  
OMAHA, NE 68154

**Current Mailing Address:**

10843 OLD MILL ROAD  
OMAHA, NE 68154 US

**FEI Number: 47-0400508**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO, ASST. TREASURER  
Name            INTRIERI, MICHAEL A  
Address        10843 OLD MILL ROAD  
City-State-Zip: OMAHA NE 68154

Title            EVP, COO, SECRETARY, ASST.  
                  TREASURER  
Name            PETERSON, PAUL A  
Address        10843 OLD MILL ROAD  
City-State-Zip: OMAHA NE 68154

Title            ASST. SECRETARY, TREASURER  
Name            DAVIS, MARTHA A  
Address        10843 OLD MILL ROAD  
City-State-Zip: OMAHA NE 68154

Title            DIRECTOR, VP  
Name            RICKEN, DAVID L. MOST REV.  
Address        10843 OLD MILL ROAD  
City-State-Zip: OMAHA NE 68154

Title            DIRECTOR  
Name            LUCAS, GEORGE J. ARCHBISHOP  
Address        10843 OLD MILL ROAD  
City-State-Zip: OMAHA NE 68154

Title            ASST. SECRETARY, DIRECTOR  
Name            TAPHORN, JOSEPH C REVEREND  
Address        10843 OLD MILL ROAD  
City-State-Zip: OMAHA NE 68154

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PAUL A. PETERSON**

**SECRETARY**

**04/22/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date