2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2019
Secretary of State
7238509017CC

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Entity Name: MUTUAL OF OMAHA INSURANCE COMPANY

Current Principal Place of Business:

MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175

Current Mailing Address:

C/O LESLIE HAGG
3300 MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175 US

FEI Number: 47-0246511

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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	DIRECTOR
Name	NEARY, DANIEL P
Address	MUTUAL OF OMAHA PLAZA
City-State-Zip:	OMAHA NE 68175

Title	CEO, DIRECTOR
Name	BLACKLEDGE, JAMES T
Address	MUTUAL OF OMAHA PLAZA
City-State-Zip:	OMAHA NE 68175

Title	DIRECTOR
Name	MCCLAIN, DEREK R
Address	MUTUAL OF OMAHA PLAZA
City-State-Zip:	OMAHA NE 68175

Title	DIRECTOR
Name	MEYER, PAULA R
Address	MUTUAL OF OMAHA PLAZA
City-State-Zip:	OMAHA NE 68175

Title	TREASURER, CFO
Name	SHARMA, VIBHU R
Address	MUTUAL OF OMAHA PLAZA
City-State-Zip:	OMAHA NE 68175

Title	DIRECTOR
Name	GATES, W GARY
Address	MUTUAL OF OMAHA PLAZA
City-State-Zip:	OMAHA NE 68175

Title	DIRECTOR
Name	MCFARLANE, JAMES G
Address	MUTUAL OF OMAHA PLAZA
City-State-Zip:	OMAHA NE 68175

Title	SECRETARY
Name	VANKAT, JAY A
Address	MUTUAL OF OMAHA PLAZA
City-State-Zip:	OMAHA NE 68175

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LESLIE D HAGG ASSISTANT SECRETARY 04/09/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HOODA, SHEILA
Address	MUTUAL OF OMAHA PLAZA
City-State-Zip:	OMAHA NE 68175

Title	DIRECTOR
Name	BONACH, EDWARD J
Address	MUTUAL OF OMAHA PLAZA
City-State-Zip:	OMAHA NE 68175

Title	DIRECTOR
Name	LÓPEZ, RODRIGO
Address	MUTUAL OF OMAHA PLAZA
City-State-Zip:	OMAHA NE 68175

Title	ASST. SECRETARY
Name	HAGG, LESLIE D
Address	MUTUAL OF OMAHA PLAZA
City-State-Zip:	OMAHA NE 68175