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Secretary of State
03-17-1999 90109 038 ***150.00

[NON]PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **803116**

1. Corporation Name
UNITED OF OMAHA LIFE INSURANCE COMPANY

241661 - 90109 - 38

Principal Place of Business	Mailing Address
MUTUAL OF OMAHA PLAZA OMAHA NEBRASKA 68175	MUTUAL OF OMAHA PLAZA OMAHA NEBRASKA 68175

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	02/15/1927
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 47-0322111 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COMMISSIONER OF INSURANCE DEPARTMENT OF INSURANCE, STATE CAPITOL TALLAHASSEE FL 32304	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VT	☐ DELETE	1.1 TITLE	T	☒ Change ☐ Addition
NAME	MAGINN, JOHN L		1.2 NAME	MAGINN, JOHN L	
STREET ADDRESS	MUTUAL OF OMAHA PLAZA		1.3 STREET ADDRESS	MUTUAL OF OMAHA PLAZA	
CITY-ST-ZIP	OMAHA, NEBRASKA 00000		1.4 CITY-ST-ZIP	OMAHA, NEBRASKA 68175	
TITLE	V	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	PRAUNER, MARK L.		2.2 NAME	PRAUNER, MARKKL	
STREET ADDRESS	MUTUAL OF OMAHA PLAZA		2.3 STREET ADDRESS	MUTUAL OF OMAHA PLAZA	
CITY-ST-ZIP	OMAHA, NEBRASKA 00000		2.4 CITY-ST-ZIP	OMAHA, NEBRASKA 68175	
TITLE	PD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	STURGEON, JOHN A		3.2 NAME	STURGEON, JOHN A	
STREET ADDRESS	MUTUAL OF OMAHA PLAZA		3.3 STREET ADDRESS	MUTUAL OF OMAHA PLAZA	
CITY-ST-ZIP	OMAHA NE		3.4 CITY-ST-ZIP	OMAHA, NEBRASKA 68175	
TITLE	CCEO	☐ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	HUERTER, M. JANE		4.2 NAME	HUERTER, M. JANE	
STREET ADDRESS	1902 N. 54TH ST.		4.3 STREET ADDRESS	MUTUAL OF OMAHA PLAZA	
CITY-ST-ZIP	OMAHA, NEBRASKA 00000		4.4 CITY-ST-ZIP	OMAHA, NEBRASKA 68175	
TITLE	DCEO	☐ DELETE	5.1 TITLE	CD	☒ Change ☐ Addition
NAME	WEEKLY, JOHN W.		5.2 NAME	WEEKLY, JOHN W	
STREET ADDRESS	11223 PLIERCE PLAZA		5.3 STREET ADDRESS	MUTUAL OF OMAHA PLAZA	
CITY-ST-ZIP	OMAHA, NEBRASKA 00000		5.4 CITY-ST-ZIP	OMAHA, NEBRASKA 68175	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	FOGGIE, SAMUEL L		6.2 NAME	FOGGIE, SAMUEL L	
STREET ADDRESS	MUTUAL OF OMAHA PLAZA		6.3 STREET ADDRESS	MUTUAL OF OMAHA PLAZA	
CITY-ST-ZIP	OMAHA, NEBRASKA 00000 68175		6.4 CITY-ST-ZIP	OMAHA, NEBRASKA 68175	

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 617, 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: Mark L. Prauner **SIGNATURE REQUIRED** 1/19/99 402-351-5097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)

241661-90109-38
803116

United of Omaha Life Insurance Company
#803116

January 07, 1999

Question 12

The following directors of this company may be contacted at the following address:

UNITED OF OMAHA LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175

DIRECTORS

Addition	D	Carol B. Hallett
Addition	D	Jeffrey M. Heller
Addition	D	Thomas W. Osborne
Addition	D	Hugh V. Plunkett III
Addition	D	Richard J. Sampson
Addition	D	Oscar S. Straus II
Addition	D	Michael A. Wayne