

FILE NOW: FILING FEE IS ~~\$61.25~~ 150.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

DOCUMENT # 803116

1. Corporation Name

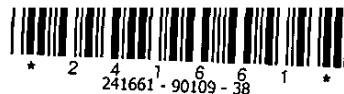
UNITED OF OMAHA LIFE INSURANCE COMPANY

Principal Place of Business  
MUTUAL OF OMAHA PLAZA  
OMAHA NEBRASKA 68175

Mailing Address  
MUTUAL OF OMAHA PLAZA  
OMAHA NEBRASKA 68175

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90109 038 \*\*\*150.00



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/15/1927

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

47-0322111

Applied For

Not Applicable

City &amp; State

City &amp; State

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VT ☐ DELETE  
NAME MAGINN, JOHN L  
STREET ADDRESS MUTUAL OF OMAHA PLAZA  
CITY-ST-ZIP OMAHA, NEBRASKA 00000

1.1 TITLE T ☒ Change ☐ Addition  
1.2 NAME MAGINN, JOHN L  
1.3 STREET ADDRESS MUTUAL OF OMAHA PLAZA  
1.4 CITY-ST-ZIP OMAHA, NEBRASKA 68175

TITLE V ☐ DELETE  
NAME PRAUNER, MARK L.  
STREET ADDRESS MUTUAL OF OMAHA PLAZA  
CITY-ST-ZIP OMAHA, NEBRASKA 00000

2.1 TITLE V ☒ Change ☐ Addition  
2.2 NAME PRAUNER, MARK L.  
2.3 STREET ADDRESS MUTUAL OF OMAHA PLAZA  
2.4 CITY-ST-ZIP OMAHA, NEBRASKA 68175

TITLE PD ☐ DELETE  
NAME STURGEON, JOHN A  
STREET ADDRESS MUTUAL OF OMAHA PLAZA  
CITY-ST-ZIP OMAHA NE

3.1 TITLE PD ☒ Change ☐ Addition  
3.2 NAME STURGEON, JOHN A  
3.3 STREET ADDRESS MUTUAL OF OMAHA PLAZA  
3.4 CITY-ST-ZIP OMAHA, NEBRASKA 68175

TITLE CCEO ☐ DELETE  
NAME HUERTER, M. JANE  
STREET ADDRESS 1902 N. 54TH ST.  
CITY-ST-ZIP OMAHA, NEBRASKA 00000

4.1 TITLE S ☒ Change ☐ Addition  
4.2 NAME HUERTER, M. JANE  
4.3 STREET ADDRESS MUTUAL OF OMAHA PLAZA  
4.4 CITY-ST-ZIP OMAHA, NEBRASKA 68175

TITLE DCEO ☐ DELETE  
NAME WEEKLY, JOHN W.  
STREET ADDRESS 11223 PLIERCE PLAZA  
CITY-ST-ZIP OMAHA, NEBRASKA 00000

5.1 TITLE CD ☒ Change ☐ Addition  
5.2 NAME WEEKLY, JOHN W  
5.3 STREET ADDRESS MUTUAL OF OMAHA PLAZA  
5.4 CITY-ST-ZIP OMAHA, NEBRASKA 68175

TITLE D ☐ DELETE  
NAME FOGGIE, SAMUEL L  
STREET ADDRESS MUTUAL OF OMAHA PLAZA  
CITY-ST-ZIP OMAHA, NEBRASKA 00000 68175

6.1 TITLE D ☒ Change ☐ Addition  
6.2 NAME FOGGIE, SAMUEL L  
6.3 STREET ADDRESS MUTUAL OF OMAHA PLAZA  
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 Maginn*

1/19/99 402-351-5097

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     |