

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90003 002 ***150.00

0610653 AT

DOCUMENT # 803116

1. Entity Name

UNITED OF OMAHA LIFE INSURANCE COMPANY

Principal Place of Business

MUTUAL OF OMAHA PLAZA
OMAHA NE 68175

Mailing Address

MUTUAL OF OMAHA PLAZA
OMAHA NE 68175

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

47-0322111

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

COMMISSIONER OF INSURANCE
 DEPARTMENT OF INSURANCE, STATE CAPITOL
 TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

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, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

EVT
THOMPSON, TOMMIE D
MUTUAL OF OMAHA PLAZA
OMAHA NE 68175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SV
PRAUNER, MARK L.
MUTUAL OF OMAHA PLAZA
OMAHA NE 68175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
STURGEON, JOHN A
MUTUAL OF OMAHA PLAZA
OMAHA NE 68175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

EVS
HUERTER, M. JANE
1902 N. 54TH ST.
OMAHA NE 68175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DCEO
WEEKLY, JOHN W.
11223 PIERCE PLAZA
OMAHA NE 68175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
FOGGIE, SAMUEL L
MUTUAL OF OMAHA PLAZA
OMAHA NE 68175 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

EVS
HUERTER, M JANE
MUTUAL OF OMAHA PLAZA
OMAHA NE 68175 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DCEO
WEEKLY, JOHN W
MUTUAL OF OMAHA PLAZA
OMAHA NE 68175 ☒ 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:

Mark L. Prauner

Mark L. Prauner

3/22/02

402-351-5097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)