2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 91012 048 ***150.00

MUTUAL OF OMAHA PLAZA OMAHA, NE 68175 Mailing Address MUTUAL OF OMAHA PLAZA OMAHA, NE 68175 Suite, Apt. #, etc. Mutual of Omaha Plaza Cry & State Cry	DOCUMENT # 803116 1. Entity Name UNITED OF OMAHA LIFE INSURANCE COMPANY							
Sulle, Apt. #, etc. Sulle, Apt. #, etc. Muttual of Cmaha Plaza O4272004 Chg.P CR2E034 (10/03) City & State City & State City & State Country Zip Country Zip Country Zip Country Sic. Certificate of Status Desired 47-0322111 Sec. 75 Additional Foo Required Foo Requ	MUTUAL OF OMAHA PLAZA MUTUAL OF OMAHA PLAZA		AZA		. (Zelej jeni selike ijjej njej n			
Suite, Apt. #, etc. Suite, Ap								
Country Zip Country Zip Country Sip S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent Name CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINANES ST TALLAHASSEE, FL 32399-0000 City FL Zip Code Signature, board or previous agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, board or previous familiar valid in actionable. (IOTE Registered Agent signature required Agent signature	Suite, Apt. #, etc. Suite, Apt. #, etc. Mutual of Omaha				04272004 Chg-P	CR2E	034 (10/03)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 Fordia. I am familiar with, and accept the obligations of registered agent. 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 Fordia. I am familiar with, and accept the obligations of registered agent. 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 Fordia. I am familiar with, and accept the obligations of registered agent. 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 Fordia. I am familiar with, and accept the obligations of registered agent. 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 Fordia. I am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing added to Fees a	Omaha, NE 68175		75				<u></u>	 -
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE EVT INME: HOMPSON, TOMMIE D MUTUAL OF OMAHA PLAZA OMAHA, NE 68175 OMAHA, NE 68175 OMAHA, NE 68175 OMAHA, NE 68175 PD OMAHA, NE 68175 PD OMAHA, NE 68175 OMAHA,			Country				Fee Require	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hoped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	200 E. GAINES ST			 .				
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12. I hereby certify that the information supplied with this filing does not qualify for the expention stated in Section 119.07(3)(i), Florida Statules. 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 Statules; and that my name appears in Block 10 or Block 11 if	<u> </u>	th this filing does not qualify fo		ted in Se	ction 119.07(3)(i), Florida Stat	utes. I further o	ertify that the i	nformation

changed, or on an attachment with an address, with all other like empowered.

naune

Mark L. Prauner

4/27/04

402-351-5097