


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90544 033 ***150.00

DOCUMENT # 803116 1. Entity Name UNITED OF OMAHA LIFE INSURANCE COMPANY					
Principal Place of Business MUTUAL OF OMAHA PLAZA OMAHA, NE 68175			Mailing Address C/O LESLIE HAGG 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 <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVT THOMPSON, TOMMIE D MUTUAL OF OMAHA PLAZA OMAHA, NE 68175 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV PRAUNER, MARK L. MUTUAL OF OMAHA PLAZA OMAHA, NE 68175 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEARY, DANIEL P MUTUAL OF OMAHA PLAZA OMAHA, NE 68175 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D Daniel P. Neary Mutual of Omaha Plaza Omaha, NE 68175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS HUERTER, M. JANE MUTUAL OF OMAHA PLAZA OMAHA, NE 68175 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Michael E. Huss Mutual of Omaha Plaza Omaha, NE 68175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO WEEKLY, JOHN W. MUTUAL OF OMAHA PLAZA OMAHA, NE 68175 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGGIE, SAMUEL L MUTUAL OF OMAHA PLAZA OMAHA, NE 68175 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Mark L. Prauner</u> Mark L. Prauner			4/22/05 402-351-5097		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

14014769



03162005 Chg-P CR2E034 (10/03)

ATTACHMENT
#803116/14014769
United of Omaha Life Insurance Company
2005 for Profit Corporation Annual Report – Florida
Officers

Address for all Officers: Mutual of Omaha Plaza
 Omaha, NE 68175
 Block #11

Daniel P. Neary D/C

James L. Hanson EV
Daniel P. Martin EV
William C. Mattox EV
Thomas J. McCusker EV
Madeline R. Rucker EV

Stacy A. Scholtz EV
Tommie D. Thompson EV/T
Michael C. Weekly EV
Richard A. Witt EV

Richard C. Anderl V, Sr
James T. Blackledge V, Sr
Thomas E. Bonitz V, Sr
James A. George Bowden MD V, Sr
John A. Brown V, Sr
Steven J. Clauson V, Sr
Diane M. Claussen V, Sr
Joseph G. Connolly V, Sr
Kenneth R. Cook V, Sr
Neal A. Crowley V, Sr
Ivan J. Gilreath V, Sr
Eric A. Henrichsen V, Sr
John H. Hildenbiddle III V, Sr
F. Peter Huse V, Sr
Michael E. Huss S/V, Sr
Michael J. Jareske V, Sr
Robert C. Johnson V, Sr
Kent Knudsen V, Sr

Michelle A. Lebens V, Sr
Susan S. Lebens V, Sr
John C. McClelland III V, Sr
B. Peter Newland III V, Sr
Gilbert W. Peers Jr. V, Sr
Mark L. Prauner T/ V, Sr
Kathleen M. Rechis V, Sr
Jeffrey F. Sailer V, Sr
Carl E. Scott V, Sr
Pat H. Shiverdecker V, Sr
Bruce J. Thrasher V, Sr
Galen F. Ullstrom V, Sr
Greta R. Vaught V, Sr
Rodney P. Walker V, Sr
Francis L. Wright V, Sr

ATTACHMENT
803116 / 14614769

**United of Omaha Life Insurance Company
2005 for Profit Corporation Annual Report – Florida
Block #11**

Address for all Directors: Mutual of Omaha Plaza
Omaha, NE 68175

Carol B. Hallett D
Jeffrey M. Heller D
Hugh W. Hunt D
James G. McFarlane D
Richard W. Mies D