2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004
Secretary of State

DOCUMENT# 809871

Entity Name: THE CENTRAL NATIONAL LIFE INSURANCE COMPANY OF OMAHA

Current Principal Place of Business:

69 LYDECKER STREET
NYACK, NY 10960 US

New Principal Place of Business:

Current Mailing Address:

69 LYDECKER STREET
NYACK, NY 10960 US

New Mailing Address:

FEI Number: 47-0397286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SZEMEREDY, MICHAEL MR.
4506 NETHERWOOD DRIVE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: KURZ, HERBERT
Address: 69 LYDECKER STREET
City-St-Zip: NYACK, NY 10960

Title: PRES ( ) Delete
Name: BARNES, DONALD
Address: 69 LYDECKER STREET
City-St-Zip: NYACK, NY 10960

Title: S ( ) Delete
Name: DASH, KATHLEEN
Address: 69 LYDECKER STREET
City-St-Zip: NYACK, NY 10960

Title: TREA ( ) Delete
Name: SNYDER, CHARLES
Address: 69 LYDECKER STREET
City-St-Zip: NYACK, NY 10960

Title: AVP ( ) Delete
Name: COSTELLO, DEE
Address: 69 LYDECKER STREET
City-St-Zip: NYACK, NY 10960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEE COSTELLO AVP 03/31/2004

Electronic Signature of Signing Officer or Director Date