FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **814680** **(5)**

1. Corporation Name
MUTUAL PROTECTIVE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1515 SOUTH 75TH STREET OMAHA, NB 68124	1515 SOUTH 75TH STREET OMAHA, NB 68124

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/25/1960	04/29/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **47-0122200** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STATE INSURANCE COMMISSIONER OF FLORIDA THE CAPITOL BUILDING TALLAHASSEE FL 32301	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☒ Addition
NAME	BLOOMINGDALE, A L	12 NAME		
STREET ADDRESS	2044 S 86TH AVE	13 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE	14 CITY-ST-ZIP	68124	
TITLE	D	21 TITLE		☐ Change ☒ Addition
NAME	EGERMAYER, G W , JR	22 NAME		
STREET ADDRESS	526 S 96TH ST	23 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE	24 CITY-ST-ZIP	68114	
TITLE	D	31 TITLE		☐ Change ☒ Addition
NAME	FRANKEL, D E	32 NAME		
STREET ADDRESS	900 S 74TH PLAZA	33 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE	34 CITY-ST-ZIP	68114	
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	KELLEY, MA	42 NAME		
STREET ADDRESS	8728 BROADMOOR ST	43 STREET ADDRESS	8728 Broadmoor Drive	
CITY-ST-ZIP	OMAHA NE	44 CITY-ST-ZIP	68114	
TITLE	SV	51 TITLE	SV/D	☒ Change ☐ Addition
NAME	BUSCH, W M	52 NAME		
STREET ADDRESS	9810 HARNEY PKWY	53 STREET ADDRESS	9810 Harney Pkwy No.	
CITY-ST-ZIP	OMAHA, NB 00000	54 CITY-ST-ZIP	NE 68114	
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	LARSON, A.C.	62 NAME		
STREET ADDRESS	213 RIDGE ONE	63 STREET ADDRESS	213 Ridge One Circle	
CITY-ST-ZIP	HOT SPRINGS AR	64 CITY-ST-ZIP	71901-9118	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E R Peacock E. R. Peacock April 21, 1995 (402)391-6900
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Title — Daytime Phone #

0490223 FN