FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90260 025 ***150.00

DOCUMENT # **814680**

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 Qualifed: 08/25/1960

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LONGO, GA		1.2 NAME		
STREET ADDRESS	7710 MERCY RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EGERMAYER, G W , JR		2.2 NAME		
STREET ADDRESS	709 SO 96TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRANKEL, D E		3.2 NAME		
STREET ADDRESS	11404 WEST DODGE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KELLEY, MA		4.2 NAME		
STREET ADDRESS	8728 BROADMOOR DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		4.4 CITY-ST-ZIP		
TITLE	SVD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BUSCH, W M		5.2 NAME		
STREET ADDRESS	9810 HARNEY PKWY N		5.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LARSON, A.C.		6.2 NAME		
STREET ADDRESS	213 RIDGE ONE CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOT SPRINGS AR		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: E. R. Peacock — April 21, 1999 — (402) 391-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)