2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2000 8:00 am
Secretary of State
06-03-2000 90143 024 ***150.00

DOCUMENT # 814680

1. Entity Name

MUTUAL PROTECTIVE INSURANCE COMPANY

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

18085

DO NOT WRITE IN THIS SPACE

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 47-0122200 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STATE INSURANCE COMMISSIONER OF FLORIDA THE CAPITOL BUILDING TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) 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.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LONGO, G A 7710 MERCY RD OMAHA NE 68124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEE ATTACHED LIST	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EGERMAYER, G W, JR 709 SO 96TH ST OMAHA NE 68114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANKEL, D E 11404 WEST DODGE ROAD OMAHA NE 68154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLEY, M A 8728 BROADMOOR DR OMAHA NE 68114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV BUSCH, W M 9810 HARNEY PKWY N OMAHA NE 68114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARSON, A C 213 RIDGE ONE CIRCLE HOT SPRINGS AR 71901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. R. Peacock — E. R. PEACOCK — JUNE 27, 2000 — (402) 391-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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MUTUAL PROTECTIVE INSURANCE COMPANY

FLORIDA 2000 UNIFORM BUSINESS REPORT

BLOCK 12 - ADDITIONS

	ADDITION
D T. J. Hoffman 318 South 96th Street Omaha, NE 68114	X
T/V E. R. Peacock 5623 Hickory Street Omaha, NE 68106	X
V N. H. Clausen 686 County Rd "Y" Yutan, NE 68073	X
V T. J. Hall 1710 So. 109th Street Omaha, NE 68144	X
V O. G. Koerner 1724 Castelar Street Omaha, NE 68108	X
V M. J. Murnane 2511 No. 159th Street Omaha, NE 68116	X
V R. A. Hacker 6422 So. 149th Street Omaha, NE 68137	X
V D. D. Peeler 3827 No. 95th Street Omaha, NE 68134	X