

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90679 037 ***150.00

DOCUMENT # 814680

1. Entity Name

MUTUAL PROTECTIVE INSURANCE COMPANY



Principal Place of Business

**1515 SOUTH 75TH STREET
OMAHA NE 68124**

Mailing Address

**1515 SOUTH 75TH STREET
OMAHA NE 68124**

94050873



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

47-0122200

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LONGO, GA**
STREET ADDRESS **7710 MERCY RD**
CITY-ST-ZIP **OMAHA NE**

TITLE **PD** ☐ Delete
NAME **HALL, TJ**
STREET ADDRESS **2416 SO 14TH ST**
CITY-ST-ZIP **OMAHA NE 68108**

TITLE **D** ☐ Delete
NAME **FRANKEL, D'E**
STREET ADDRESS **11404 WEST DODGE ROAD**
CITY-ST-ZIP **OMAHA NE**

TITLE **D** ☐ Delete
NAME **KELLEY, MA**
STREET ADDRESS **8728 BROADMOOR DR**
CITY-ST-ZIP **OMAHA NE**

TITLE **STV** ☐ Delete
NAME **PEACOCK, E R**
STREET ADDRESS **3731 SO 48TH ST**
CITY-ST-ZIP **OMAHA NE 68106**

TITLE **DV** ☐ Delete
NAME **MURNANE, MH**
STREET ADDRESS **2511 NO 159TH ST**
CITY-ST-ZIP **OMAHA NE 68116**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Murnane, M J**
STREET ADDRESS
CITY-ST-ZIP

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:

E. R. Peacock

E. R. Peacock

April 7, 2004

(402) 391-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #