


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90043 044 ***150.00

DOCUMENT # 814680	
1. Entity Name MEDICO INSURANCE COMPANY	

Principal Place of Business 1515 SOUTH 75TH STREET OMAHA, NE 68124	Mailing Address 1515 SOUTH 75TH STREET OMAHA, NE 68124
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04112007 Chg-P CR2E034 (12/06)

4. FEI Number 47-0122200	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>P.M. Kearnes</i>	P. M. Kearnes	4/13/07	(402) 391-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

ATTACHMENT 40064457
~~#814680~~
MEDICO™ INSURANCE COMPANY

OFFICERS

T. J. Hall	President, Chief Executive Officer & Chief Operating Officer	2416 So. 14th St., Omaha, NE 68108
E. R. Peacock	Treasurer and Secretary	3731 So. 48th St., Omaha, NE 68106
P. M. Keairnes	Vice President & Chief Financial Officer	2711 No. 125th Circle, Omaha, NE 68164
B. R. Neary	Chief Actuary & Vice President	660 Dillion Drive, Omaha, NE 68132
M. J. Leahy	General Counsel	4702 Shirley Street, Omaha, NE 68106
D. K. Lawler	Vice President & Assistant General Counsel	111 Louise Avenue, Glenwood, IA 51534
R. A. Hacker	Senior Vice President	6422 So. 149th St., Omaha, NE 68137
R. M. Woodward	Vice President	11611 Queens Dr, Omaha, NE 68164
D. L. Buckley	Vice President	8601 North Ridge Drive, Omaha, NE 68112

DIRECTORS

M. A. Kelley	Chairman of the Board	840 So. 112th Plaza, Omaha, NE 68154
T. J. Hoffman		318 So. 96th Street, Omaha, NE 68114
T. A. Hogan		3918 No. 138th Street, Omaha, NE 68164
T. J. Hall		2416 So. 14th St., Omaha, NE 68108
D. C. Kuncel		1709 So. 79th Street, Omaha, NE 68124
W. R. Berryman		9 Skyline Drive, Kearney, NE 68845