

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 821518 (8)

1. Corporation Name

THE OMAHA INDEMNITY COMPANY

Principal Place of Business

3102 FARNAM STREET
OMAHA NE 68131

Mailing Address

3102 FARNAM STREET
OMAHA NE 68131



3. Date Incorporated or Qualified

06/04/1968

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

4. FEI Number

47-0498866

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

THE STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME STOCKMAN, JOILE S.
STREET ADDRESS 9941 ESSEX DR.
CITY-STATE-ZIP OMAHA NE

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME DOURNEY, MARTIN W.
1.3 STREET ADDRESS (TEMP) 3000 FARNAM STREET, APT. #2M
1.4 CITY-STATE-ZIP OMAHA NE 68131

TITLE AVT ☐ DELETE
NAME BOETEL, MARK R
STREET ADDRESS 511 S 158TH AVE. CIR.
CITY-STATE-ZIP OMAHA NE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME GOALEY, D J
STREET ADDRESS 10101 BLONDO ST
CITY-STATE-ZIP OMAHA NE

3.1 TITLE P/D ☒ Change ☐ Addition
3.2 NAME GOALEY, DJ
3.3 STREET ADDRESS 10101 BLONDO ST
3.4 CITY-STATE-ZIP OMAHA NE 68135

TITLE PD ☒ DELETE
NAME LUNDBY, J. ERIC
STREET ADDRESS 1130 S. 99TH STREET
CITY-STATE-ZIP OMAHA NE

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME HORN, RANDALL C.
4.3 STREET ADDRESS 1758 S. 106TH STREET
4.4 CITY-STATE-ZIP OMAHA NE 68124

TITLE SD ☐ DELETE
NAME HUERTER, M. JANE
STREET ADDRESS 1902 N. 54TH ST.
CITY-STATE-ZIP OMAHA NE

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME STURGEON, JOHN A.
5.3 STREET ADDRESS 1705 N. 129TH STREET
5.4 CITY-STATE-ZIP OMAHA NE 68154

TITLE D ☐ DELETE
NAME MCCUSKER, THOMAS J
STREET ADDRESS 616 FAIR ACRES ROAD
CITY-STATE-ZIP OMAHA NE

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME HARR, LAWRENCE F.
6.3 STREET ADDRESS 9834 HARNEY PKWY N.
6.4 CITY-STATE-ZIP OMAHA NE 68114

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark R. Boetel, Treasurer

4/19/96

(402) 351-5468

CR2E034 (12/95)