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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
~~1997~~

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

DOCUMENT # **821518** **(8)**

1. Current Name
THE OMAHA INDEMNITY COMPANY

Principal Place of Business	Mailing Address
3102 FARNAM STREET OMAHA NE 68131	3102 FARNAM STREET OMAHA NE 68131-3504

3. Date Incorporated or Qualified: **06/04/1968**
3a. Date of Last Report: **04/30/1996**

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

2. Principal Place of Business	2a. Mailing Address
21	26
Street Address, Apt. #, etc. 22	Street Address, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent
THE STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL

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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	DOURNEY, MARTIN W	1.2 NAME	
1.3 STREET ADDRESS	3000 FARNAM ST APT 2M	1.3 STREET ADDRESS	15942 Patrick Ave
1.4 CITY-ST-ZIP	OMAHA NE	1.4 CITY-ST-ZIP	Omaha NE 68116
2.1 TITLE	AVT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	BOETEL, MARK R	2.2 NAME	
2.3 STREET ADDRESS	511 S 158TH AVE. CIR.	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	OMAHA NE	2.4 CITY-ST-ZIP	
3.1 TITLE	D ☒ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
3.2 NAME	GOALEY, D J	3.2 NAME	Bykerk, Cecil D
3.3 STREET ADDRESS	10101 BLONDO ST	3.3 STREET ADDRESS	9643 Oak Circle
3.4 CITY-ST-ZIP	OMAHA NE	3.4 CITY-ST-ZIP	Omaha, NE 68124
4.1 TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	HORN, RANDALL C	4.2 NAME	
4.3 STREET ADDRESS	1758 S 106TH ST	4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP	
5.1 TITLE	SD ☐ DELETE	5.1 TITLE	P/D ☒ Change ☐ Addition
5.2 NAME	HUERTER, M. JANE	5.2 NAME	
5.3 STREET ADDRESS	1902 N. 54TH ST.	5.3 STREET ADDRESS	1402 S. 78th St.
5.4 CITY-ST-ZIP	OMAHA NE	5.4 CITY-ST-ZIP	Omaha, NE 68124
6.1 TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	MCCUSKER, THOMAS J	6.2 NAME	
6.3 STREET ADDRESS	616 FAIR ACRES ROAD	6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	OMAHA NE	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 a director or officer 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: Mark R. Boetel 3/12/97 402-351-5468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Mark R. Boetel** Date Daytime Phone #

0499494