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May 05 1998 8:00am
Secretary of State

PROFIT-
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
3102 FARNAM STREET 3102 FARNAM STREET
OMAHA NE 68131 OMAHA NE 68131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/04/1968	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 47-0498866	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
		85	Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOURNEY, MARTIN W	1.2 NAME	
STREET ADDRESS	15942 PATRICK AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	1.4 CITY-ST-ZIP	
TITLE	AVT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOETEL, MARK R	2.2 NAME	
STREET ADDRESS	811 S 158TH AVE. CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYKERK, CECIL D	3.2 NAME	
STREET ADDRESS	9843 OAK CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, RANDALL C	4.2 NAME	
STREET ADDRESS	1758 S 106TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP	
TITLE	PO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUERTER, M. JANE	5.2 NAME	
STREET ADDRESS	1402 S 78TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCUSKER, THOMAS J	6.2 NAME	
STREET ADDRESS	616 FAIR ACRES ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	6.4 CITY-ST-ZIP	

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 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 _____ DATE _____

CR2E034 (10/97)

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THE OMAHA INDEMNITY COMPANY

Corporation Annual Report
1998

13. Changes to Officers and Directors

1.1 TITLE 1.2 NAME 1.3 ST ADDRESS 1.4 CITY-ST-ZIP	D Sturgeon, John A. 1515 S. 182nd Circle Omaha, NE 68130
1.1 TITLE 1.2 NAME 1.3 ST ADDRESS 1.4 CITY-ST-ZIP	DV/S Harr, Lawrence F. 9834 Harney Parkway N. Omaha, NE 68114 CHANGE
1.1 TITLE 1.2 NAME 1.3 ST ADDRESS 1.4 CITY-ST-ZIP	V/S Cutler, Kathryne A. Route 1, Box 103C Honey Creek, IA 51542 DELETE
1.1 TITLE 1.2 NAME 1.3 ST ADDRESS 1.4 CITY-ST-ZIP	V Price, Deborah S. 7524 N. 78th St. Omaha, NE 68122