

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90087 003 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 821518
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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/04/1968	
4. FEI Number 47-0498866	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STURGEON, JOHN A	1.2 NAME	BOETEL, MARK R
STREET ADDRESS	1515 S 182ND CIR	1.3 STREET ADDRESS	511 S 158TH AVE CIR
CITY-ST-ZIP	OMAHA NE 68130	1.4 CITY-ST-ZIP	OMAHA NE 68118
TITLE	DVS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARR, LAWRENCE F	2.2 NAME	DOURNEY, MARTIN W
STREET ADDRESS	9834 HARNEY PARKWAY N	2.3 STREET ADDRESS	15942 PATRICK AVE
CITY-ST-ZIP	OMAHA NE 68114	2.4 CITY-ST-ZIP	OMAHA NE 68116
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, DEBORAH S	3.2 NAME	BYKERK, CECIL D
STREET ADDRESS	7524 N 78TH ST	3.3 STREET ADDRESS	9643 OAK CIRCLE
CITY-ST-ZIP	OMAHA NE 68122	3.4 CITY-ST-ZIP	OMAHA NE 68124
TITLE	D <input type="checkbox"/> DELETE	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	PD <input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUERTER, M. JANE	5.2 NAME	HUERTER, M. JANE
STREET ADDRESS	1402 S 78TH ST	5.3 STREET ADDRESS	1402 S 78TH ST
CITY-ST-ZIP	OMAHA NE	5.4 CITY-ST-ZIP	OMAHA NE 68124
TITLE	D <input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE:

Mark R. Boetel
Mark R. Boetel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

3-26-99

(402) 351-5468

CR2E034 (11/98)

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