

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91012 049 ***150.00

DOCUMENT # 831751

1. Entity Name
UNITED WORLD LIFE INSURANCE COMPANY



Principal Place of Business
**MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175 US**

Mailing Address
**MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175 US**

94081241



2. Principal Place of Business

3. Mailing Address
c/o Leslie Hagg

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Mutual of Omaha Plaza

04272004

Chg-P

CR2E034 (10/03)

City & State

City & State
Omaha, NE 68175

4. FEI Number
75-6010770

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HUERTER, M. JANE
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
WEEKLY, JOHN W.
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Weekly, John W.
Mutual of Omaha Plaza
Omaha, NE 68175** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
THOMPSON, TOMMIE D
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
PRAUNER, MARK L.
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
STURGEON, JOHN A
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.
Weekly, Michael C.
Mutual of Omaha Plaza
Omaha, NE 68175** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VA
BYKERK, CECIL D
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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: *Mark L. Prauner*

Mark L. Prauner 4/27/04 402-351-5097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #