

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90086 004 ***150.00

DOCUMENT # 833059

1. Entity Name

MUTUAL OF OMAHA INSURANCE COMPANY



Principal Place of Business

**MUTUAL OF OMAHA PLAZA
OMAHA NE 68175**

Mailing Address

**MUTUAL OF OMAHA PLAZA
OMAHA NE 68175**

90019447



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number

47-0246511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COMMISSIONER OF INSURANCE
DEPARTMENT OF INSURANCE
STATE CAPITOL
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

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

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

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **FOGGIE, SAMUEL L**
STREET ADDRESS **MUTUAL OF OMAHA PLAZA**
CITY-ST-ZIP **OMAHA NE 68175**

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

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

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03
Date

402-351-5097
Daytime Phone #

CR2E034 (10/02)