

**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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	WEEKLY, JOHN W	
STREET ADDRESS	MUTUAL OF OMAHA PLAZA	
CITY-ST-ZIP	OMAHA NE 68175	
TITLE	EVT	<input type="checkbox"/> Delete
NAME	THOMPSON, TOMMIE D	
STREET ADDRESS	MUTUAL OF OMAHA PLZ.	
CITY-ST-ZIP	OMAHA NE 68175	
TITLE	SV	<input type="checkbox"/> Delete
NAME	PRAUNER, MARK L	
STREET ADDRESS	MUTUAL OF OMAHA PLAZA	
CITY-ST-ZIP	OMAHA NE 68175	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STURGEON, JOHN A	
STREET ADDRESS	MUTUAL OF OMAHA PLAZA	
CITY-ST-ZIP	OMAHA NE 68175	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOGGIE, SAMUEL L	
STREET ADDRESS	MUTUAL OF OMAHA PLAZA	
CITY-ST-ZIP	OMAHA NE 68175	
TITLE	EVS	<input type="checkbox"/> Delete
NAME	HUERTER, M J	
STREET ADDRESS	MUTUAL OF OMAHA PLAZA	
CITY-ST-ZIP	OMAHA NE 68175	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *1/27/03* 402-351-5097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)