

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 846082 (6)

1. Corporation Name

CONTINENTAL GENERAL INSURANCE COMPANY

Principal Place of Business

8901 INDIAN HILLS DRIVE
OMAHA NE 68114

Mailing Address

8901 INDIAN HILLS DRIVE
OMAHA NE 68114



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/28/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

47-0463747

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 the name of the corporation

NOTE: Registered Agent signature and name are required on filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☒ Change ☐ Addition

TITLE

RAMSEY, CARL A.
4941 BANCROFT
OMAHA, NE 00000

1. TITLE

12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

CLAY, E. DUANE
RR 2, Box 121
MALVERN, IA

TITLE

AS
CLAY, E. DUANE
RR 2 BOX #121
MALVERN IA

☐ DELETE

2. TITLE

22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

SCHMEICHEL, DALE E.
5012 HARNEY STREET
OMAHA, NE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

SD
HOPKINS, L. WALLACE
5022 MARTHA
OMAHA NE

☐ DELETE

3. TITLE

32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

PD
SCHELLPEPER, GENE H
4838 S. 162ND AVE.
OMAHA, NE 00000

☐ DELETE

4. TITLE

42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

5. TITLE

52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

6. TITLE

62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

402-397-3200

CR2E034 (12/95)