

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 03 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

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
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
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 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CLAY, E. DUANE	1.1 TITLE	
NAME	RT 2 BOX 121	1.2 NAME	
STREET ADDRESS	MALVERN IA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	
NAME	SCHMEICHEL, DALE E.	2.2 NAME	
STREET ADDRESS	5612 H ARNEY STRET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	HOPKINS, L. WALLACE	3.2 NAME	
STREET ADDRESS	5022 MARTHA	3.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	SCHELLPEPER, GENE H	4.2 NAME	
STREET ADDRESS	4838 S. 162ND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA, NE 00000	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

[Signature]

8/25/97 402-397,320

CR2E034 (4/97)