

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

015630

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 47-0463747	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY, E. DUANE	1.2 NAME	
STREET ADDRESS	RT 2 BOX 121-	1.3 STREET ADDRESS	28128 Lytle Avenue
CITY-ST-ZIP	MALVERN IA	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMEICHEL, DALE E.	2.2 NAME	
STREET ADDRESS	5812 H ARNEY STRET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, L. WALLACE	3.2 NAME	
STREET ADDRESS	5022 MARTHA	3.3 STREET ADDRESS	3325 No. 143rd Circle
CITY-ST-ZIP	OMAHA NE	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMELPER, GENE H-	4.2 NAME	
STREET ADDRESS	4838 S. 162ND AVE.	4.3 STREET ADDRESS	PD J. J. Miller 400 Broadway Cincinnati OH 45202
CITY-ST-ZIP	OMAHA, NE 68000	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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] 7/24/98

402 397-3200

CR2E034 (5/98)

Mr. William J. Williams
Chairman of the Board
Western-Southern Life
400 Broadway
Cincinnati, OH 45202

Mr. John F. Barrett
President and CEO
Western-Southern Life
400 Broadway
Cincinnati, Ohio 45202

Gene H. Schellpeper
President & CEO
Continental General Insurance Company
P.O. Box 247007
8901 Indian Hills Drive
Omaha, NE 68124-7007

Mr. Herman E. Myers, Jr.
9732 Fieldcrest Drive
Omaha, NE 68114

Mr. L. Wallace Hopkins
Marks Clare & Richards
11605 Miracle Hills Drive
Omaha, NE 68154

Mr. E. H. Shoemaker
P.O. Box 672
North Platte, NE 69101

Mr. Robert F. Walla
1512 South 79th Street
Omaha, NE 68124

Mr. Donald Hopkins
3118 Bridgeford Rd.
Omaha, NE 68124

Mr. Donald A. Bliss
10892 East Fanfol Lane
Scottsdale, AZ 85259

Mr. Robert F. Stubblefield
President
AAA Cornhusker Motor Club
910 North 96th Street
Omaha, NE 68114