

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90005 043 ***550.00

DOCUMENT # 846082

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

3. Date Incorporated or Qualified

05/28/1980

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 ☐ DELETE

TITLE	T
NAME	CLAY, E. DUANE
STREET ADDRESS	28128 LYTLE AVE
CITY-ST-ZIP	MALVERN IA
TITLE	AS
NAME	SCHMEICHEL, DALE E.
STREET ADDRESS	5612 H ARNEY STREET
CITY-ST-ZIP	OMAHA NE
TITLE	SD
NAME	HOPKINS, L. WALLACE
STREET ADDRESS	3325 N 143RD CIR
CITY-ST-ZIP	OMAHA NE
TITLE	PD
NAME	MILLER, J J
STREET ADDRESS	400 BROADWAY
CITY-ST-ZIP	CINCINNATIO OH 45202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Linda S. Standish <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	17800 Royalton Road
3.3 STREET ADDRESS	Strongsville, OH 44136
3.4 CITY-ST-ZIP	
4.1 TITLE	Glen A. Laffoon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	17800 Royalton Road
4.3 STREET ADDRESS	Strongsville, OH 44136
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/9/99

402.952.4714

CR2E034 (11/98)

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