


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90044 010 ***150.00

DOCUMENT # 846082	
1. Entity 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
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54003881



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01272004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 Arthur Hastings 8901 Indian Hills Dr. Omaha, NE 68114	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIELSEN, MARK	NAME	
STREET ADDRESS	6201 JOHNSON DR	STREET ADDRESS	
CITY-ST-ZIP	MISSION, KS 66202	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOEMI, ANDREW	NAME	Wolfram, Bradley A.
STREET ADDRESS	17800 ROYALTON RD	STREET ADDRESS	17800 Royalton Road
CITY-ST-ZIP	STRONGSVILLE, OH 44136	CITY-ST-ZIP	Strongsville, OH 44136
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVATAIO, MICHAEL	NAME	
STREET ADDRESS	6201 JOHNSON DRIVEW	STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION, KS 66202	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, GEHRINGER	NAME	Bard-McConahay, Julie
STREET ADDRESS	8901 INDIAN HILLS DRIVE	STREET ADDRESS	8901 Indian Hills Drive
CITY-ST-ZIP	OMAHA, NE 68124	CITY-ST-ZIP	Omaha, NE 68114
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFAYETTE, LINCOLN	NAME	Herbert L Schmidt
STREET ADDRESS	17800 ROYALTON RD	STREET ADDRESS	6201 Johnson Drive
CITY-ST-ZIP	STRONGSVILLE, OH 44136	CITY-ST-ZIP	Mission, Kansas 66202
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 A. Nielsen **February 4, 2004** (913) 722-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



54003881

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 27, 2004

CONTINENTAL GENERAL INSURANCE COMPANY
8901 INDIAN HILLS DRIVE
OMAHA, NE 68114

SUBJECT: CONTINENTAL GENERAL INSURANCE COMPANY
Ref. Number: 846082

We have received your document for CONTINENTAL GENERAL INSURANCE COMPANY and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 404A00005508