2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# 846082

Entity Name: CONTINENTAL GENERAL INSURANCE COMPANY

Current Principal Place of Business:

8901 INDIAN HILLS DRIVE
OMAHA, NE 68114

New Principal Place of Business:

Current Mailing Address:

8901 INDIAN HILLS DRIVE
OMAHA, NE 68114

New Mailing Address:

FEI Number: 47-0463747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NIELSEN, MARK
Address: 6201 JOHNSON DR
City-St-Zip: MISSION, KS 66202

Title: D ( ) Delete
Name: WOLFRAM, BRADLEY A
Address: 17800 ROYALTON RD
City-St-Zip: STRONGSVILLE, OH 44136

Title: D ( ) Delete
Name: CAVATAIO, MICHAEL
Address: 6201 JOHNSON DRIVEW
City-St-Zip: SHAWNEE MISSION, KS 66202

Title: D ( ) Delete
Name: BARD-MCCONAHAY, JULIE
Address: 8901 INDIAN HILLS DRIVE
City-St-Zip: OMAHA, NE 68124

Title: D ( ) Delete
Name: SCHMIDT, HERBERT L
Address: 6201 JOHNSON DRIVE
City-St-Zip: MISSION, KS 66202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change ( ) Addition
Name: VICKERS, DAVID I
Address: 17800 ROYALTON ROAD
City-St-Zip: STRONGSVILLE, OH 44136

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. NIELSEN D 01/27/2005

Electronic Signature of Signing Officer or Director — Date