

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

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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 846169 (1)  
1. Corporation Name  
OMAHA PROPERTY AND CASUALTY INSURANCE COMPANY

Principal Place of Business

3102 FARNAM STREET  
OMAHA NE 68131

Mailing Address

3102 FARNAM STREET  
OMAHA NE 68131-3504



|                                                 |  |                        |  |                                                                                         |  |                                                                     |  |
|-------------------------------------------------|--|------------------------|--|-----------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
| 2. Principal Place of Business                  |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified                                                       |  | 3a. Date of Last Report                                             |  |
| 21 Suite, Apt. #, etc.                          |  | 26 Suite, Apt. #, etc. |  | 06/09/1980                                                                              |  | 04/24/1996                                                          |  |
| 22 City & State                                 |  | 27 City & State        |  | 4. FEI Number                                                                           |  | Applied For                                                         |  |
| 23 Zip                                          |  | 28 Zip                 |  | 04-2656602                                                                              |  | Not Applicable                                                      |  |
| 24 Country                                      |  | 29 Country             |  | 5. Certificate of Status Desired                                                        |  | 8.75 Additional Fee Required                                        |  |
|                                                 |  |                        |  | 6. Election Campaign Financing                                                          |  | 5.00 May Be Added to Fees                                           |  |
|                                                 |  |                        |  | Trust Fund Contribution                                                                 |  |                                                                     |  |
|                                                 |  |                        |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent |  |                        |  | 10. Name and Address of New Registered Agent                                            |  |                                                                     |  |

FLORIDA STATE INSURANCE COMMISSIONER  
STATE CAPITOL BLDG.  
TALLAHASSEE FL 32304

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's signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                         |                                            |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |  |  |
|----------------------------|-------------------------|--------------------------------------------|--|-------------------------------------------------------|------------------------------------------------------------------------------|--|--|
| TITLE                      | VT                      | <input type="checkbox"/> DELETE            |  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | BOETEL, MARK R.         |                                            |  | 1.2 NAME                                              |                                                                              |  |  |
| STREET ADDRESS             | 511 S. 158 AVE. CIRCLE  |                                            |  | 1.3 STREET ADDRESS                                    |                                                                              |  |  |
| CITY-ST-ZIP                | OMAHA NE                |                                            |  | 1.4 CITY-ST-ZIP                                       |                                                                              |  |  |
| TITLE                      | S                       | <input type="checkbox"/> DELETE            |  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | HUERTER, M. JANE        |                                            |  | 2.2 NAME                                              |                                                                              |  |  |
| STREET ADDRESS             | 1402 S 78TH ST          |                                            |  | 2.3 STREET ADDRESS                                    |                                                                              |  |  |
| CITY-ST-ZIP                | OMAHA NE                |                                            |  | 2.4 CITY-ST-ZIP                                       |                                                                              |  |  |
| TITLE                      | D                       | <input type="checkbox"/> DELETE            |  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | MCILLWAIN, WILLIAM C. J |                                            |  | 3.2 NAME                                              |                                                                              |  |  |
| STREET ADDRESS             | WALNUT LANE, LOT 80     |                                            |  | 3.3 STREET ADDRESS                                    |                                                                              |  |  |
| CITY-ST-ZIP                | COLUMBUS NC             |                                            |  | 3.4 CITY-ST-ZIP                                       |                                                                              |  |  |
| TITLE                      | DC                      | <input checked="" type="checkbox"/> DELETE |  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       | GOALEY, DONALD JOSEPH   |                                            |  | 4.2 NAME                                              |                                                                              |  |  |
| STREET ADDRESS             | 10101 BLONDO STREET     |                                            |  | 4.3 STREET ADDRESS                                    |                                                                              |  |  |
| CITY-ST-ZIP                | OMAHA NE                |                                            |  | 4.4 CITY-ST-ZIP                                       |                                                                              |  |  |
| TITLE                      | DP                      | <input type="checkbox"/> DELETE            |  | 5.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | DOURNEY, MARTIN W.      |                                            |  | 5.2 NAME                                              |                                                                              |  |  |
| STREET ADDRESS             | 1167 KEMPER WOODS DR    |                                            |  | 5.3 STREET ADDRESS                                    | 15942 PATRICK AVE                                                            |  |  |
| CITY-ST-ZIP                | CINCINNATI OH           |                                            |  | 5.4 CITY-ST-ZIP                                       | OMAHA NE 68116                                                               |  |  |
| TITLE                      |                         | <input type="checkbox"/> DELETE            |  | 6.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| NAME                       |                         |                                            |  | 6.2 NAME                                              | V KATHRYNE A CUTLER                                                          |  |  |
| STREET ADDRESS             |                         |                                            |  | 6.3 STREET ADDRESS                                    | 17655 PAGE LANE                                                              |  |  |
| CITY-ST-ZIP                |                         |                                            |  | 6.4 CITY-ST-ZIP                                       | HONEY CREEK IA 51542                                                         |  |  |

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:

*Mark R. Boetel*

Mark R. Boetel, Vice President 4/30/97 (402) 351-5468

CP2E034 (9/96)

**OFFICERS**  
**OMAHA PROPERTY AND CASUALTY INSURANCE COMPANY**

**Residence Address**

Martin W. Dourney  
President and Chief Operating  
Officer  
15942 Patrick Avenue  
Omaha, Nebraska 68116

Steven A. Jensen  
Vice President, Management  
Information Systems and  
Pricing  
6727 South 73 Avenue  
Ralston, Nebraska 68127

Mark R. Boetel  
Vice President, Accounting  
Treasurer and Assistant  
Secretary  
511 South 158 Avenue Circle  
Omaha, Nebraska 68118

Rhonda G. Kleine  
Vice President, Special Markets  
6623 South 92 Circle  
Omaha, Nebraska 68127

Kathryne A. Cutler  
Vice President, Reinsurance and  
Compliance  
17655 Page Lane  
Honey Creek, Iowa 51542

James C. Overturf CPCU  
Vice President, Marketing and  
Underwriting  
17616 S Street  
Omaha, Nebraska 68135

Marlene P. Heider PHR  
Vice President,  
Human Resources and  
Administrative Services  
14874 Eldorado Drive  
Omaha, Nebraska 68154

Deborah S. Price CPCU  
Vice President, Claims  
5441 South 93 Street  
Omaha, Nebraska 68127

M. Jane Huerter  
Secretary  
1402 South 78 Street  
Omaha, Nebraska 68124

John A. Sturgeon  
Chairman of the Board  
1515 South 182 Circle  
Omaha, Nebraska 68130

**BOARD OF DIRECTORS**  
**OMAHA PROPERTY AND CASUALTY INSURANCE COMPANY**

**Residence Address**

John A. Sturgeon  
Chairman of the Board  
1515 South 182 Circle  
Omaha, Nebraska 68130

M. Jane Huerter  
Director  
1402 South 78 Street  
Omaha, Nebraska 68124

Cecil D. Bykerk  
Director  
9643 Oak Circle  
Omaha, Nebraska 68124

William C. McIlwain Jr.  
Director  
P.O. Box 548 (for express mail:  
Morgan Chapel Village, Walnut  
Lane)  
Columbus, North Carolina 28722

Martin W. Dourney  
Director  
15942 Patrick Avenue  
Omaha, Nebraska 68116

Thomas T. Sawicz  
Director  
900 Farnam Street, #502  
Omaha, Nebraska 68102

Lawrence F. Harr  
Director  
9834 Harney Parkway North  
Omaha, Nebraska 68114

John W. Weekly  
Director  
26747 Blondo Court  
Waterloo, Nebraska 68069