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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 846169



OMAHA PROPERTY AND CASUALTY INSURANCE COMPANY

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90179 011 ***150.00

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Principal Place of Business Mailing Address 3102 FARNAM STREET 3102 FARNAM STREET OMAHA NE 68131 **OMAHA NE 68131** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/09/1980 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 04-2656602 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible **⊠** No 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FLORIDA STATE INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) STATE CAPITOL BLDG. TALLAHASSEE FL 32304 83 84 Zip Code City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE 1.2 NAME BOETEL, MARK R. NAME 511 S. 158 AVE. CIRCLE 1.3 STREET ADDRESS STREET ADDRESS **OMAHA NE** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 2.1 TITLE Change TITLE HUERTER, M. JANE 2.2 NAME NAME 1402 S 78TH ST 2.3 STREET ADDRESS STREET ADDRESS OMAHA NE 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3.2 NAME MCILLWAIN, WILLIAM C. J NAME 3.3 STREET ADDRESS 2104 NISBET COURT STREET ADDRESS WINSTON-SALEM NC 27106 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE πпЕ PRICE, DEBROAH S. 4 2 NAME NAME STREET ADDRESS 7524 N 78TH ST 4.3 STREET ADDRESS **OMAHA NE 68122** 4.4 CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME DOURNEY, MARTIN W. NAME 5.3 STREET ADDRESS 15942 PATRICK AVE STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP OMAHA NE Addition ☐ Change □ DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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.

REMark R Boetel, Treasurer 4/5/99 (402)351-5468