

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 846169**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **04-2656602**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER  
STATE CAPITOL BLDG.  
TALLAHASSEE FL 32304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input type="checkbox"/> Delete
NAME	BOETEL, MARK R.	
STREET ADDRESS	511 S. 158 AVE. CIRCLE	
CITY-ST-ZIP	OMAHA NE	

TITLE	SD	<input type="checkbox"/> Delete
NAME	HUERTER, M. JANE	
STREET ADDRESS	1402 S 78TH ST	
CITY-ST-ZIP	OMAHA NE	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCILLWAIN, WILLIAM C. J	
STREET ADDRESS	2104 NISBET COURT	
CITY-ST-ZIP	WINSTON-SALEM NC 27106	

TITLE	V	<input type="checkbox"/> Delete
NAME	PRICE, DEBROAH S.	
STREET ADDRESS	7524 N 78TH ST	
CITY-ST-ZIP	OMAHA NE 68122	

TITLE	DP	<input type="checkbox"/> Delete
NAME	DOURNEY, MARTIN W.	
STREET ADDRESS	15942 PATRICK AVE	
CITY-ST-ZIP	OMAHA NE	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sturgeon, John A	
STREET ADDRESS	1515 South 182 Circle	
CITY-ST-ZIP	Omaha, NE 68130	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weekly, John W	
STREET ADDRESS	26747 Blondo Court	
CITY-ST-ZIP	Waterloo, NE 68069	

13. 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 11 or Block 12 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

Mark R. Boetel

1/9/2001

(402) 351-5468

Date

Daytime Phone #

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90142 047 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE