FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **848870** **(2)**

1. Corporation Name
MEDICO LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1515 SOUTH 75TH STREET OMAHA NE 68124-1618	1515 SOUTH 75TH STREET OMAHA NE 68124-1618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1981
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 47-0520541 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BLDG.
TALLAHASSEE FL 68124

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☒ Addition
NAME	HOFFMAN, T. J.	12 NAME	
STREET ADDRESS	318 SOUTH 96TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	14 CITY-ST-ZIP	68114
TITLE	D	21 TITLE	☐ Change ☒ Addition
NAME	LARSON, A C	22 NAME	
STREET ADDRESS	213 RIDGE ONE CIR	23 STREET ADDRESS	
CITY-ST-ZIP	HOT SPRINGS AR	24 CITY-ST-ZIP	71901-9118
TITLE	SD	31 TITLE	☐ Change ☒ Addition
NAME	BLOOMINGDALE, A L	32 NAME	
STREET ADDRESS	2044 SO 86 AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	34 CITY-ST-ZIP	68124
TITLE	T	41 TITLE	☐ Change ☒ Addition
NAME	PEACOCK, E.R.	42 NAME	
STREET ADDRESS	5623 HICKORY ST.	43 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	44 CITY-ST-ZIP	68106
TITLE	D	51 TITLE	☐ Change ☒ Addition
NAME	KELLEY, M A	52 NAME	
STREET ADDRESS	8728 BROADMOOR DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	OMAHA, NE 00000	54 CITY-ST-ZIP	68114
TITLE	D	61 TITLE	P/D ☒ Change ☐ Addition
NAME	PETER, R A	62 NAME	Busch, W. M.
STREET ADDRESS	10322 PACIFIC ST #106C	63 STREET ADDRESS	9810 Harney Pkwy No.
CITY-ST-ZIP	OMAHA, NE 00000	64 CITY-ST-ZIP	Omaha, NE 68114

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: E R Peacock E. R. Peacock April 21, 1995 (402)391-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480224 FN