

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 848870 (2)

1. Corporation Name

MEDICO LIFE INSURANCE COMPANY



Principal Place of Business

1515 SOUTH 75TH STREET
OMAHA NE 68124-1618

Mailing Address

1515 SOUTH 75TH STREET
OMAHA NE 68124-1618

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

3. Date Incorporated or Qualified

04/17/1981

3a. Date of Last Report

04/27/1995

4. FEI Number

47-0520541

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.03?
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HOFFMAN, T. J.
STREET ADDRESS 318 SOUTH 96TH STREET
CITY-ST-ZIP OMAHA NE

☐ DELETE

TITLE D
NAME LARSON, A C
STREET ADDRESS 213 RIDGE ONE CIR
CITY-ST-ZIP HOT SPRINGS AR

☐ DELETE

TITLE SD
NAME BLOOMINGDALE, A L
STREET ADDRESS 2044 SO 86 AVENUE
CITY-ST-ZIP OMAHA NE

☐ DELETE

TITLE T
NAME PEACOCK, E.R.
STREET ADDRESS 5623 HICKORY ST.
CITY-ST-ZIP OMAHA NE

☐ DELETE

TITLE D
NAME KELLEY, M A
STREET ADDRESS 8728 BROADMOOR DRIVE
CITY-ST-ZIP OMAHA, NE 00000

☐ DELETE

TITLE PD
NAME BUSCH, W.M.
STREET ADDRESS 9810 HARNEY PKWY N
CITY-ST-ZIP OMAHA, NE 00000

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *A.M. Becker* A.M. BECKER, VICE PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 6, 1996 (402)391-6900

DATE

DATE: PHONE #

CR2E034 (3/96)