

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2000 8:00 am**  
**Secretary of State**

06-03-2000 90143 027 \*\*\*150.00

**DOCUMENT # 848870**

1. Entity Name  
**MEDICO LIFE INSURANCE COMPANY**

Principal Place of Business  
**1515 SOUTH 75TH STREET**  
**OMAHA, NE 68124**

Mailing Address  
**1515 SOUTH 75TH STREET**  
**OMAHA, NE 68124**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**47-0520541**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**STATE INSURANCE COMMISSIONER OF FLORIDA**  
**THE CAPITOL BLDG**  
**TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, T J 318 SOUTH 96TH STREET OMAHA, NE 68114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, A C 213 RIDGE ONE CIRCLE HOT SPRINGS, AR 71901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGO, G A 7710 MERCY RD OMAHA, NE 68124 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS PEACOCK, E R 5623 HICKORY STREET OMAHA, NE 68106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, M A 8728 BROADMOOR DRIVE OMAHA, NE 68114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSCH, W M 9810 HARNEY PKWY N OMAHA, NE 68114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **E. R. PEACOCK** **APRIL 27, 2000** **(402) 391-6900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)