

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90095 014 \*\*\*150.00

**DOCUMENT # 848870**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME **P/D**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **LONGO, G.A.**  
 CITY-ST-ZIP **7710 MERCY ROAD  
 OMAHA NE**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **TS**  
 STREET ADDRESS **PEACOCK, E.R.**  
 CITY-ST-ZIP **5623 HICKORY ST.  
 OMAHA NE**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
 NAME **Frankel, D. E.**  
 STREET ADDRESS **11404 West Dodge Road**  
 CITY-ST-ZIP **Omaha, NE 68154**

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

**E. R. Peacock**

**April 24, 2001 (402) 391-6900**

Date

Daytime Phone #

CR2E034 (10/00)