

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90679 036 \*\*\*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**

**94050880**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE **PD** ☐ Delete  
NAME **HALL, T J**  
STREET ADDRESS **2416 SO. 14TH ST.**  
CITY-ST-ZIP **OMAHA NE 68108**

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

TITLE **TS** ☐ Delete  
NAME **PEACOCK, E.R.**  
STREET ADDRESS **3731 SO. 48TH ST.**  
CITY-ST-ZIP **OMAHA NE 68106**

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

TITLE **D** ☐ Delete  
NAME **FRANKEL, D.E.**  
STREET ADDRESS **11404 WEST DODGE RD**  
CITY-ST-ZIP **OMAHA NE 68154**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 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 7, 2004**

**(402) 391-6900**

Date

Daytime Phone #