



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90153 029 \*\*\*150.00

<b>DOCUMENT # 848870</b> 1. Entity Name <b>MEDICO LIFE INSURANCE COMPANY</b>					
Principal Place of Business <b>1515 SOUTH 75TH STREET OMAHA, NE 68124-1618</b>			Mailing Address <b>1515 SOUTH 75TH STREET OMAHA, NE 68124-1618</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>47-0520541</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFFMAN, T. J.		NAME		
STREET ADDRESS	318 SOUTH 96TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OMAHA, NE		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, T J		NAME		
STREET ADDRESS	2416 SO. 14TH ST.		STREET ADDRESS		
CITY-ST-ZIP	OMAHA, NE 68108		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LONGO, G.A.		NAME	<b>V Schirger, J. J.</b>	
STREET ADDRESS	7710 MERCY ROAD		STREET ADDRESS	<b>1223 So. 112 Plaza</b>	
CITY-ST-ZIP	OMAHA, NE		CITY-ST-ZIP	<b>Omaha NE 68144</b>	
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEACOCK, E.R.		NAME		
STREET ADDRESS	3731 SO. 48TH ST.		STREET ADDRESS		
CITY-ST-ZIP	OMAHA, NE 68106		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLEY, M A		NAME		
STREET ADDRESS	8728 BROADMOOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OMAHA, NE 00000,		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FRANKEL, D.E.		NAME	<b>D Kunc1, D. C.</b>	
STREET ADDRESS	11404 WEST DODGE RD		STREET ADDRESS	<b>1709 So. 79th Street</b>	
CITY-ST-ZIP	OMAHA, NE 68154		CITY-ST-ZIP	<b>Omaha NE 68124</b>	
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.					
<b>SIGNATURE:</b>  <b>E. R. Peacock</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>April 20, 2005 (402) 391-6900</b> <small>Date Daytime Phone #</small>		

ATTACHMENT

40067172  
# 848870

MEDICO LIFE INSURANCE COMPANY

BOARD OF DIRECTORS

Name and Residence

Principal Occupation

Michael A. Kelley  
7134 Pacific Street  
Omaha, Nebraska 68106

Chairman of the Board

Timothy J. Hall  
2416 South 14th Street  
Omaha, Nebraska 68108

Director, President, Chief Operating  
Officer and Chief Executive Officer

Timothy J. Hoffman  
318 South 96th Street  
Omaha, Nebraska 68114

Director

Terrance A. Hogan  
13303 Eagle Run Drive  
Omaha, Nebraska 68164

Director

Douglas C. Kuncel  
1709 South 79th Street  
Omaha, Nebraska 68124

Director

William R. Berryman  
9 Skyline Drive  
Kearney, Nebraska 68845

Director

ATTACHMENT

40067172

#848870

**PRINCIPAL OFFICERS**

Evert R. Peacock  
1515 South 75th Street  
Omaha, Nebraska 68124

Chief Financial Officer, Secretary,  
Treasurer and Senior Vice President

Michael J. Murnane  
1515 South 75th Street  
Omaha, Nebraska 68124

Executive Vice President

John J. Schirger  
1515 South 75th Street  
Omaha, Nebraska 68124

Executive Vice President

Oren G. Koerner  
1515 South 75th Street  
Omaha, Nebraska 68124

Senior Vice President

Robert A. Hacker  
1515 South 75th Street  
Omaha, Nebraska 68124

Senior Vice President