

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90043 045 ***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**

40004400



04112007 No Chg-P CR2E034 (11/05)

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
KEAIRNES, P.M.
2711 N 125TH CIR
OMAHA, NE 68164**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KELLEY, M A
840 S 112TH PL
OMAHA, NE 68154**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KUNCL, D C
1709 S 79TH ST
OMAHA, NE 68124**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *P. M. Keairnes* **P. M. Keairnes**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07 **(402) 391-6900**
Date Daytime Phone #

ATTACHMENT 40064456
~~#848870~~
MEDICO™ LIFE INSURANCE COMPANY

OFFICERS

T. J. Hall	President, Chief Executive Officer & Chief Operating Officer	2416 So. 14th St., Omaha, NE 68108
E. R. Peacock	Treasurer and Secretary	3731 So. 48th St., Omaha, NE 68106
P. M. Keairnes	Vice President & Chief Financial Officer	2711 No. 125th Circle, Omaha, NE 68164
B. R. Neary	Chief Actuary & Vice President	660 Dillion Drive, Omaha, NE 68132
M. J. Leahy	General Counsel	4702 Shirley Street, Omaha, NE 68106
D. K. Lawler	Vice President & Assistant General Counsel	111 Louise Avenue, Glenwood, IA 51534
R. A. Hacker	Senior Vice President	6422 So. 149th St., Omaha, NE 68137
R. M. Woodward	Vice President	11611 Queens Dr, Omaha, NE 68164
D. L. Buckley	Vice President	8601 North Ridge Drive, Omaha, NE 68112

DIRECTORS

M. A. Kelley	Chairman of the Board	840 So. 112th Plaza, Omaha, NE 68154
T. J. Hoffman		318 So. 96th Street, Omaha, NE 68114
T. A. Hogan		3918 No. 138th Street, Omaha, NE 68164
T. J. Hall		2416 So. 14th St., Omaha, NE 68108
D. C. Kuncel		1709 So. 79th Street, Omaha, NE 68124
W. R. Berryman		9 Skyline Drive, Kearney, NE 68845