

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90058 035 ***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**

☐ CHECK HERE IF MAKING CHANGES



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. 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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE **PD** ☐ Change ☒ Addition
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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: **Peacock**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 2003 (402)391-6900

Date

Daytime Phone #

CR2E034 (10/02)