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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 24 PM 4:22

APPROVED
AND
FILED

1111578

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Omaha Insurance Company

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sandy M. Banks, Certified Paralegal

Name of Person

Mutual of Omaha Insurance Company

Firm/Company

Mutual of Omaha Plaza

Address

Omaha, NE 68175

City/State and Zip code

leslie.hagg@mutualofomaha.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandy M. Banks

Name of Person

at (402) 351-4354

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2011

SANDY M. BANKS
MUTUAL OF OMAHA INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175

SUBJECT: OMAHA INSURANCE COMPANY
Ref. Number: W11000001578

We have received your document for OMAHA INSURANCE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 111A00000849

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Omaha Insurance Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Nebraska

(State or country under the law of which it is incorporated)

3. 20-5873230

(FEI number, if applicable)

4. November 1, 2006

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. not applicable

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Mutual of Omaha Plaza, Omaha, NE 68175

(Principal office address)

Mutual of Omaha Plaza, Omaha, NE 68175

(Current mailing address)

8. to issue insurance

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: Vickie Sloan Asst Vice President

(Registered agent's signature) Vickie Sloan, Asst. Vice President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11 JAN 24 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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FILED

11 JAN 26 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: See attached list.

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Douglas L. Feekin

Address: Mutual of Omaha Plaza, Omaha, NE 68175

Vice President: N/A

Address: _____

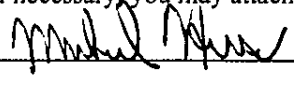
Secretary: Michael E. Huss

Address: Mutual of Omaha Plaza, Omaha, NE 68175

Treasurer: David A. Diamond

Address: Mutual of Omaha Plaza, Omaha, NE 68175

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Michael E. Huss, Secretary

(Typed or printed name and capacity of person signing application)

APPROVED
AND
FILED

11 JAN 24 PM 4:22

Attachment to Omaha Insurance Company

Application by Foreign Corporation for Authorization to Transact Business in Florida
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business address of officers and/or directors:

A. DIRECTORS:

Director: David A. Diamond
Mutual of Omaha Plaza
Omaha, NE 68175

Director: Douglas L. Feekin
Mutual of Omaha Plaza
Omaha, NE 68175

Director: Michael E. Huss
Mutual of Omaha Plaza
Omaha, NE 68175

Director: Michael C. Weekly
Mutual of Omaha Plaza
Omaha, NE 68175

Director: Daniel P. Neary
Mutual of Omaha Plaza
Omaha, NE 68175

STATE OF

NEBRASKA



United States of America,
State of Nebraska } ss.

Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

OMAHA INSURANCE COMPANY

with its registered office located in OMAHA, Nebraska, filed Articles of Incorporation in this office on November 1, 2006.

I further certify that said corporation is in existence as of this date.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on January 19, 2011.

John A. Gale
SECRETARY OF STATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 24 PM 4:22

APPROVED
AND
FILED



This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.