

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90079 042 \*\*\*150.00

60018280



01252006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # F94000001782</b> 1. Entity Name <b>MUTUAL OF OMAHA MARKETING CORPORATION</b>					
Principal Place of Business <b>MUTUAL OF OMAHA PLAZA OMAHA, NE 68175</b>			Mailing Address <b>C/O LESLIE HAGG MUTUAL OF OMAHA PLAZA OMAHA, NE 68175</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>Attn: Corporate Secretary</b>  Suite, Apt. #, etc. <b>Mutual of Omaha Plaza</b>		4. FEI Number <b>47-0709568</b>  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State <b>Omaha, NE 68175</b>			
Zip		Zip <b>68175</b>			
Country		Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PD RECHIS, KATHLEEN M MUTUAL OF OMAHA PLAZA OMAHA, NE 68175 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John L. Haver Mutual of Omaha Plaza Omaha, NE 68175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRAUNER, MARK LEN MUTUAL OF OMAHA PLAZA OMAHA, NE 68175 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORIEN, NEAL A MUTUAL OF OMAHA PLAZA OMAHA, NE 68175 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCUSKER, THOMAS J MUTUAL OF OMAHA PLAZA OMAHA, NE 68175 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUSS, MIACHAEL E MUTUAL OMAHA PLAZA OMAHA, NE 68175 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Huss, Michael E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>		<b>Michael E. Huss</b>		<b>2/1/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		402-351-5225 Daytime Phone #	

**ATTACHMENT** 60018280  
#F94 006661782  
2006 for Profit Corporation Annual Report - Florida  
Mutual of Omaha Marketing Corporation  
Block #11

Additional Directors:

John L. Haver	PD
John J. Power	D/First V
Michelle P. Lebens	D/First V

Additional Officers:

Delmer Y. Huff	Asst. Treasurer
Ronald L. Wheeler	Asst. Treasurer
-Leslie D. Hagg	- Asst. Secretary -

Address for Directors and Officers:      Mutual of Omaha Plaza  
Omaha, NE 68175