2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# F95000000040

Entity Name: MUTUAL OF OMAHA INVESTOR SERVICES, INC.

Current Principal Place of Business:

MUTUAL OF OMAHA PLAZA
OMAHA, NE 681751020 US

New Principal Place of Business:

Current Mailing Address:

MUTUAL OF OMAHA PLAZA
OMAHA, NE 681751020 US

New Mailing Address:

FEI Number: 47-0770844 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPEERS, JAMES W
15310 AMBERLY DRIVE
STE 200
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: AUGUSTYN, LINDA K
Address: MUTUAL OF OMAHA PLAZA
City-St-Zip: OMAHA, NE

Title: PT ( ) Delete
Name: BLUVAS, WILLIAM J
Address: MUTUAL OF OMAHA PLAZA
City-St-Zip: OMAHA, NE 681751020

Title: VAT ( ) Delete
Name: OWENS, AMY J
Address: MUTUAL OF AMAHA PL
City-St-Zip: OMAHA, NE 681751020

Title: VS ( ) Delete
Name: HUSS, MICHAEL
Address: MUTUAL OF OMAHA PLAZA
City-St-Zip: OMAHA, NE 68175

Title: V ( ) Delete
Name: LARKIN, MICHAEL
Address: MUTUAL OF AMAHA PL
City-St-Zip: OMAHA, NE 681751020

Title: D ( ) Delete
Name: WITT, RICHARD A
Address: MUTUAL OF OMAHA PLAZA
City-St-Zip: OMAHA, NE 68175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY J. OWENS VAT 05/01/2008

Electronic Signature of Signing Officer or Director Date