

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000040

FILED  
Apr 20, 2012  
Secretary of State

**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  
8875 HIDDEN RIVER PKWY  
STE 160  
TAMPA, FL 336372011 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ANDERL, RICHARD C  
Address: MUTUAL OF OMAHA PLAZA  
City-St-Zip: OMAHA, NE 68175

Title: D  
Name: JOHN, HAVER L  
Address: MUTUAL OF OMAHA PLAZA  
City-St-Zip: OMAHA, NE 68175

Title: P  
Name: OWENS, AMY J  
Address: MUTUAL OF OMAHA PLAZA  
City-St-Zip: OMAHA, NE 68175

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

Title: V  
Name: LARKIN, MICHAEL  
Address: MUTUAL OF OMAHA PLAZA  
City-St-Zip: OMAHA, NE 68175

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

I hereby 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 all other like empowered.

**SIGNATURE:** AMY J. OWENS

COO

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date