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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P26699** **(9)**

1. Corporation Name

REDLAND INSURANCE COMPANY

Principal Place of Business	Mailing Address
535 WEST BROADWAY COUNCIL BLUFFS IA 51503	222 S 15TH ST STE 600 N OMAHA NE 68102 US

3. Date Incorporated or Qualified: **11/02/1989**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **42-1113749** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	NELSON, JOHN P.		1.2 NAME	Laubenthal, Robert J.	
STREET ADDRESS	344 KENMORE		1.3 STREET ADDRESS	9290 West Dodge Road	
CITY-ST-ZIP	COUNCIL BLUFFS IA		1.4 CITY-ST-ZIP	Omaha, NE 68114	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GIBSON, RICHARD C.		2.2 NAME		
STREET ADDRESS	RT. 2 BOX 33		2.3 STREET ADDRESS		
CITY-ST-ZIP	COUNCIL BLUFFS IA		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MACE, GEORGIA M.		3.2 NAME		
STREET ADDRESS	706 E. MAPLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MISSOURI VALLEY IA		3.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, H.H.		4.2 NAME		
STREET ADDRESS	84 HILLSDALE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	COUNCIL BLUFFS IA		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KNOLLA, PETER A.		5.2 NAME		
STREET ADDRESS	9935 BROADMORE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COON, KENNETH C		6.2 NAME		
STREET ADDRESS	9626 OAK CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Georgia M. Mace Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-28-96 Daytime Phone #: (402) 344-8800