FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 68102-1628 US

3. Date Incorporated or Qualified: **11/02/1989**
3a. Date of Last Report: **04/11/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	LAUBENTHAL, ROBERT J.		1.2 NAME	John P. Nelson	
STREET ADDRESS	9290 WEST DODGE ROAD		1.3 STREET ADDRESS	222 South 15th St. Suite 600 North	
CITY-ST-ZIP	OMAHA NE		1.4 CITY-ST-ZIP	Omaha, NE 68102-1628	
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	535 West Broadway	
CITY-ST-ZIP	COUNCIL BLUFFS IA		2.4 CITY-ST-ZIP	Council Bluffs, IA 51503	
TITLE	T	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	MACE, GEORGIA M.		3.2 NAME		
STREET ADDRESS	706 E. MAPLE		3.3 STREET ADDRESS	222 South 15th St. Suite 600 North	
CITY-ST-ZIP	MISSOURI VALLEY IA		3.4 CITY-ST-ZIP	Omaha, NE 68102-1628	
TITLE	DC	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	NELSON, H.H.		4.2 NAME		
STREET ADDRESS	84 HILLSDALE DR.		4.3 STREET ADDRESS	535 West Broadway	
CITY-ST-ZIP	COUNCIL BLUFFS IA		4.4 CITY-ST-ZIP	Council Bluffs, IA 51503	
TITLE	S	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	KNOLLA, PETER A.		5.2 NAME		
STREET ADDRESS	9935 BROADMORE RD		5.3 STREET ADDRESS	222 South 15th St. Suite 600 North	
CITY-ST-ZIP	OMAHA NE		5.4 CITY-ST-ZIP	Omaha, NE 68102-1628	
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	COON, KENNETH C		6.2 NAME		
STREET ADDRESS	9626 OAK CIRCLE		6.3 STREET ADDRESS	222 South 15th St. Suite 600 North	
CITY-ST-ZIP	OMAHA NE		6.4 CITY-ST-ZIP	Omaha, NE 68102-1628	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 FILED Georgia M. Mace 2-18-97 (402) 344-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0499442