

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P26699 (9)
1. Corporation Name
REDLAND INSURANCE COMPANY

Principal Place of Business
**535 WEST BROADWAY
COUNCIL BLUFFS IA 51503**

Mailing Address
**222 S 15TH ST
STE 600 N
OMAHA NE 68102
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/02/1989	
4. FEI Number 42-1113749	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30 68102-1628

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, JOHN P.	1.2 NAME	
STREET ADDRESS	222 SOUTH 15TH ST., SUITE 600 NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	1.4 CITY-ST-ZIP	68102-1628
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBSON, RICHARD C.	2.2 NAME	
STREET ADDRESS	535 WEST BROADWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	COUNCIL BLUFFS IA	2.4 CITY-ST-ZIP	51503
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACE, GEORGIA M.	3.2 NAME	
STREET ADDRESS	222 SOUTH 15TH ST., SUITE 600 NORTH	3.3 STREET ADDRESS	Omaha, Nebraska 68102-1628
CITY-ST-ZIP	MISSOURI VALLEY IA	3.4 CITY-ST-ZIP	
TITLE	DC	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, H.H.	4.2 NAME	
STREET ADDRESS	535 WEST BROADWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	COUNCIL BLUFFS IA	4.4 CITY-ST-ZIP	51503
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNOLLA, PETER A.	5.2 NAME	
STREET ADDRESS	222 SOUTH 15TH ST., SUITE 600 NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	5.4 CITY-ST-ZIP	68102-1628
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COON, KENNETH C	6.2 NAME	
STREET ADDRESS	222 SOUTH 15TH ST., SUITE 600 NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	6.4 CITY-ST-ZIP	68102-1628

14. I 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 in the attachment with an address.

SIGNATURE:  **Georgia M. Mace**
Treasurer 4/15/98 (402) 344-8800

CR2E034 (1097)