


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

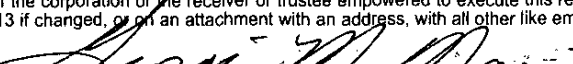
FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90114 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P26699					
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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/02/1989	
21		26		4. FEI Number 42-1113749	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution <input type="checkbox"/>	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip			
24		29			
Country		Country			
25		30			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
STATE INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME PD NELSON, JOHN P.			1.2 NAME D Robert Laubenthal		
STREET ADDRESS 222 SOUTH 15TH ST., SUITE 600 NORTH			1.3 STREET ADDRESS 222 South 15th Street, Suite 600 North		
CITY-ST-ZIP OMAHA NE 86102			1.4 CITY-ST-ZIP Omaha, Nebraska 68102-1628		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME VD GIBSON, RICHARD C.			2.2 NAME		
STREET ADDRESS 535 WEST BROADWAY			2.3 STREET ADDRESS		
CITY-ST-ZIP COUNCIL BLUFFS IA 51503			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME T MACE, GEORGIA M.			3.2 NAME		
STREET ADDRESS 222 SOUTH 15TH ST., SUITE 600 NORTH			3.3 STREET ADDRESS		
CITY-ST-ZIP OMAHA NE 68102			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DC NELSON, H.H.			4.2 NAME		
STREET ADDRESS 535 WEST BROADWAY			4.3 STREET ADDRESS		
CITY-ST-ZIP COUNCIL BLUFFS IA 51503			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME S KNOLLA, PETER A.			5.2 NAME		
STREET ADDRESS 222 SOUTH 15TH ST., SUITE 600 NORTH			5.3 STREET ADDRESS		
CITY-ST-ZIP OMAHA NE 68102			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D COON, KENNETH C			6.2 NAME		
STREET ADDRESS 222 SOUTH 15TH ST., SUITE 600 NORTH			6.3 STREET ADDRESS		
CITY-ST-ZIP OMAHA NE 68102			6.4 CITY-ST-ZIP		

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 on an attachment with an address, with all other like empowered.

SIGNATURE  **Georgia Mace**
Treasurer 2/4/99 402-344-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)