

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803116

Entity Name: UNITED OF OMAHA LIFE INSURANCE COMPANY**Current Principal Place of Business:**MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175**Current Mailing Address:**C/O GENERAL COUNSEL
3300 MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175 US**FEI Number:** 47-0322111**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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**Officer/Director Detail :**

Title CEO, DIRECTOR
Name BLACKLEDGE, JAMES T
Address MUTUAL OF OMAHA PLAZA
City-State-Zip: OMAHA NE 68175

Title DIRECTOR
Name MCCLAIN, DEREK R
Address MUTUAL OF OMAHA PLAZA
City-State-Zip: OMAHA NE 68175

Title DIRECTOR
Name LÓPEZ, RODRIGO
Address MUTUAL OF OMAHA PLAZA
City-State-Zip: OMAHA NE 68175

Title DIRECTOR
Name BONACH, EDWARD J
Address MUTUAL OF OMAHA PLAZA
City-State-Zip: OMAHA NE 68175

Title DIRECTOR
Name ABOUD, JOSEPHINE P
Address MUTUAL OF OMAHA PLAZA
City-State-Zip: OMAHA NE 68175

Title DIRECTOR
Name MEYER, PAULA R
Address MUTUAL OF OMAHA PLAZA
City-State-Zip: OMAHA NE 68175

Title SECRETARY
Name DEWALD, TERRANCE S
Address MUTUAL OF OMAHA PLAZA
City-State-Zip: OMAHA NE 68175

Title ASST. SECRETARY
Name BENCK, TRICIA A
Address MUTUAL OF OMAHA PLAZA
City-State-Zip: OMAHA NE 68175

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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: TRICIA A BENCK**ASSISTANT SECRETARY** 04/08/2025_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title CFO
Name HRABCHAK, RICHARD R
Address MUTUAL OF OMAHA PLAZA
City-State-Zip: OMAHA NE 68175

Title TREASURER
Name SWARTWOOD, AMY D
Address MUTUAL OF OMAHA PLAZA
City-State-Zip: OMAHA NE 68175

Title DIRECTOR
Name FRANKLIN, TAMARA S
Address MUTUAL OF OMAHA PLAZA
City-State-Zip: OMAHA NE 68175

Title DIRECTOR
Name ELLISON-TAYLOR, KIMBERLY N
Address MUTUAL OF OMAHA PLAZA
City-State-Zip: OMAHA NE 68175

Title DIRECTOR
Name BOYLE, JAMES R
Address MUTUAL OF OMAHA PLAZA
City-State-Zip: OMAHA NE 68175