

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 833059

**Entity Name:** MUTUAL OF OMAHA INSURANCE COMPANY

**Current Principal Place of Business:**

MUTUAL OF OMAHA PLAZA  
OMAHA, NE 68175

**FILED**  
**May 02, 2022**  
**Secretary of State**  
**8761757958CC**

**Current Mailing Address:**

C/O LESLIE HAGG  
3300 MUTUAL OF OMAHA PLAZA  
OMAHA, NE 68175 US

**FEI Number:** 47-0246511

**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 GATES, W GARY  
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 MCFARLANE, JAMES G  
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 VANKAT, JAY A  
Address MUTUAL OF OMAHA PLAZA  
City-State-Zip: OMAHA NE 68175

Title DIRECTOR  
Name HOODA, SHEILA  
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

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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:** LESLIE D HAGG

**ASST. SECRETARY**

**05/02/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title CFO  
Name HRABCHAK, RICHARD R  
Address 3300 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 ASST. SECRETARY  
Name HAGG, LESLIE D  
Address MUTUAL OF OMAHA PLAZA  
City-State-Zip: OMAHA NE 68175

Title TREASURER  
Name HERCHENBACH, SCOTT L  
Address MUTUAL OF OMAHA PLAZA  
City-State-Zip: OMAHA NE 68175