

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213522235

1.) CORPORATION NAME:

MUTUAL OF OMAHA INSURANCE COMPANY

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0032302**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: MUTUAL OF OMAHA PLAZA

CITY/ST/ZIP: OMAHA, NE 68175

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DAVID A DIAMOND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/CFO/T		
ADDRESS:	MUTUAL OF OMAHA PLAZA		
CITY/ST/ZIP/CO:	OMAHA, NE 68175		

NAME:	MICHAEL E HUSS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORP S		
ADDRESS:	MUTUAL OF OMAHA PLAZA		
CITY/ST/ZIP/CO:	OMAHA, NE 68175		

NAME:	DANIEL P NEARY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN/CEO		
ADDRESS:	MUTUAL OF OMAHA PLAZA		
CITY/ST/ZIP/CO:	OMAHA, NE 68175		

NAME:	ROBERT L CLARKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MUTUAL OF OMAHA PLAZA		
CITY/ST/ZIP/CO:	OMAHA, NE 68175		

NAME:	W GARY GATES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MUTUAL OF OMAHA PLAZA		
CITY/ST/ZIP/CO:	OMAHA, NE 68175		

NAME:	MARY PAT MCCARTHY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MUTUAL OF OMAHA PLAZA		
CITY/ST/ZIP/CO:	OMAHA, NE 68175		

NAME: DEREK R MCCLAIN TITLE: DIRECTOR ADDRESS: MUTUAL OF OMAHA PLAZA CITY/ST/ZIP/CO: OMAHA, NE 68175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES G MCFARLANE TITLE: DIRECTOR ADDRESS: MUTUAL OF OMAHA PLAZA CITY/ST/ZIP/CO: OMAHA, NE 68175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAULA R MEYER TITLE: DIRECTOR ADDRESS: MUTUAL OF OMAHA PLAZA CITY/ST/ZIP/CO: OMAHA, NE 68175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD W MIES TITLE: DIRECTOR ADDRESS: MUTUAL OF OMAHA PLAZA CITY/ST/ZIP/CO: OMAHA, NE 68175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANTHONY J PRINCIPI TITLE: DIRECTOR ADDRESS: MUTUAL OF OMAHA PLAZA CITY/ST/ZIP/CO: OMAHA, NE 68175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ MICHAEL E HUSS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL E HUSS, CORP S PRINTED NAME AND CORPORATE TITLE	5/10/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		