

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212514135

1.) CORPORATION NAME:

Omaha Insurance Company

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

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

SCC ID NO: **F1852229**

RICHMOND, VA 23219

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 2,000,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

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: | MICHAEL C WEEKLY | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | MUTUAL OF OMAHA PLAZA | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68175 | | |

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

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

| | | | |
|-----------------|-----------------------|----------------------------------|--|
| NAME: | ALAN D BRINKMAN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | MUTUAL OF OMAHA PLAZA | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68175 | | |

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

| | | | |
|-----------------|-----------------------|---|-----------------------------------|
| NAME: | STEPHEN A AMDOR | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST TREASURER | | |
| ADDRESS: | MUTUAL OF OMAHA PLAZA | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68175 | | |

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 | MICHAEL E HUSS, SECRETARY | 4/19/2012 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | 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. | | |