

1.) CORPORATION NAME:

DUE DATE: **3/31/2013**

Omaha Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1852229**

**NATIONAL REGISTERED AGENTS, INC.
4701 COX ROAD
SUITE 301**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000

GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

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.

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

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

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

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

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

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DANIEL P NEARY	
TITLE:	DIRECTOR	
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	3/19/2013
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.		