SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $278)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 8:58

DOCUMENT # **827152** **(0)**

1. Corporation Name
ATLAS INSURANCE COMPANY

Principal Place of Business	Mailing Address
4300 SHAWNEE MISSION PARKWAY SHAWNEE MISSION KS 66205	4300 SHAWNEE MISSION PARKWAY SHAWNEE MISSION KS 66205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/08/1971**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **44-0156575** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☐ Addition
NAME	JAMES TODD BLACK	12 NAME		
STREET ADDRESS	4300 SHAWNEE MISSION PKY	13 STREET ADDRESS		
CITY-ST-ZIP	SHAWNEE MISSION KS	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	KOBUSCH, F.W.	22 NAME		
STREET ADDRESS	4300 SHAWNEE MISSION PKW	23 STREET ADDRESS		
CITY-ST-ZIP	SHAWNEE MISSION KS	24 CITY-ST-ZIP		
TITLE	C	31 TITLE		☐ Change ☐ Addition
NAME	WILKERSON, WILLIAM R	32 NAME		
STREET ADDRESS	4300 SHAWNEE MISSION PKW	33 STREET ADDRESS		
CITY-ST-ZIP	SHAWNEE MISSION KS	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	COULSON, J. PHILIP	42 NAME		
STREET ADDRESS	4300 SHAWNEE MISSION PKW	43 STREET ADDRESS		
CITY-ST-ZIP	SHAWNEE MISSION KS	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	DUNN, FREDERICK P.	52 NAME		
STREET ADDRESS	4300 SHAWNEE MISSION PWY	53 STREET ADDRESS		
CITY-ST-ZIP	SHAWNEE MISSION KS	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	COULSON, FREDERICK N.	62 NAME		
STREET ADDRESS	6221 ROSEWOOD COURT	63 STREET ADDRESS		
CITY-ST-ZIP	MISSION KS	64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: F. W. Kobusch,IV 6/8/95 913-262-2953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0182380 FN