

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 849944 (4)

1. Corporation Name
EMPLOYERS REINSURANCE CORPORATION

Principal Place of Business

5200 METCALF
P.O. BOX 2991
OVERLAND PARK KANSAS 66201

Mailing Address

5200 METCALF
P.O. BOX 2991
OVERLAND PARK KANSAS 66201-1391



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/06/1981

3a. Date of Last Report

02/07/1996

4. FEI Number

48-0921045

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
STATE OF FLORIDA CAPITAL BLDG
TALLAHASSEE FL FL 32301

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE T ☒ DELETE

NAME TEANEY, GARY R.
STREET ADDRESS 5200 METCALF
CITY-ST-ZIP OVERLAND PK KS

TITLE SVPA ☐ DELETE

NAME LEVIN, JOSEPH W.
STREET ADDRESS 5200 METCALF
CITY-ST-ZIP OVERLAND PK KS

TITLE V ☐ DELETE

NAME MONROE, ROBERT E
STREET ADDRESS 5200 METCALF
CITY-ST-ZIP OVERLAND PK FL

TITLE SVPC ☐ DELETE

NAME CONNELLY, JOHN M.
STREET ADDRESS 5200 METCALF
CITY-ST-ZIP OVERLAND PK KS

TITLE DV ☐ DELETE

NAME DORE, JAMES F
STREET ADDRESS 5200 METCALF
CITY-ST-ZIP OVERLAND PK KS

TITLE CPD ☐ DELETE

NAME AHLMANN, KAJ
STREET ADDRESS 5200 METCALF
CITY-ST-ZIP OVERLAND PK KS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER ☐ Change ☒ Addition

1.2 NAME LEWIS, DORSEY
1.3 STREET ADDRESS 5200 METCALF
1.4 CITY-ST-ZIP OVERLAND PARK, KS

2.1 TITLE D/SVP & ACTUARY ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D/S/SV/G ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE SV/D ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97

913-676-5200

Date

Daytime Phone #

CR2E034 (9/96)