

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 849944

FILED  
Nov 03, 2005  
Secretary of State

Entity Name: EMPLOYERS REINSURANCE CORPORATION

## Current Principal Place of Business:

5200 METCALF  
P.O. BOX 2991  
OVERLAND PARK, KS 66201 US

## New Principal Place of Business:

9201 STATE LINE ROAD  
KANSAS CITY, MO 64114 US

## Current Mailing Address:

5200 METCALF  
P.O. BOX 2991  
OVERLAND PARK, KS 66201 US

## New Mailing Address:

9201 STATE LINE ROAD  
KANSAS CITY, MO 64114 US

FEI Number: 48-0921045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NOT REQUIRED

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: EVD ( ) Delete  
Name: ELBORNE, MARK E  
Address: 9201 STATE LINE ROAD  
City-St-Zip: KANSAS CITY, MO 64114 US

Title: T ( ) Delete  
Name: HOLFERTY, KENNETH J  
Address: 5200 METCALF  
City-St-Zip: OVERLAND PK, KS 66202 US

Title: CPD ( ) Delete  
Name: PRESSMAN, RONALD R  
Address: 9201 STATE LINE ROAD  
City-St-Zip: KANSAS CITY, MO 64114 US

Title: EVD ( ) Delete  
Name: MEICHES, MARC A  
Address: 9201 STATE LINE ROAD  
City-St-Zip: KANSAS CITY, MO 64114 US

Title: EVD ( ) Delete  
Name: SMITH, RICHARD F  
Address: 5200 METCALF  
City-St-Zip: OVERLAND PK, KS 66202 US

Title: SVD ( ) Delete  
Name: MASON, JEANNE K  
Address: 9201 STATE LINE ROAD  
City-St-Zip: KANSAS CITY, MO 64114 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: WRIGHT, SHANE M  
Address: 5200 METCALF  
City-St-Zip: OVERLAND PK, KS 66202 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SVD (X) Change ( ) Addition  
Name: MASON, JEANNE K  
Address: 5200 METCALF  
City-St-Zip: OVERLAND PK, KS 66202 US

Title: VP (X) Change ( ) Addition  
Name: NEWKIRK, DAVID G  
Address: 5200 METCALF  
City-St-Zip: OVERLAND PARK, KS 66201

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID NEWKIRK

VP

11/03/2005

Electronic Signature of Signing Officer or Director

Date