FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000001065 (2)**

1. Corporation Name

MOUNTAIN INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
6363 COLLEGE BOULEVARD OVERLAND PARK KS 66211	6363 COLLEGE BOULEVARD OVERLAND PARK KS 66211

3. Date Incorporated or Qualified: **02/15/1993**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **04-3126497** ☐ 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

TAYLOR, JIM
1900 SUMMIT TOWER BLVD, SUITE 220
SUITE 220
ORLANDO FL 31810

10. Name and Address of New Registered Agent

81 Name: Jim Taylor

82 Street Address (P.O. Box Number is Not Acceptable): 1900 Summit Tower Blvd

83 Suite 220

84 City: Orlando **FL** 85 Zip Code: 32810

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: Jim Taylor — Signature, type or print name of registered agent and title, if applicable — (NOTE: Registered Agent's signature required when filing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GOLDSTEIN, K F		1.2 NAME		
STREET ADDRESS	6363 COLLEGE BOULEVARD		1.3 STREET ADDRESS		
CITY-ST-ZIP	OVERLAND PARK KS		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STARNES, C R		2.2 NAME		
STREET ADDRESS	6363 COLLEGE BOULEVARD		2.3 STREET ADDRESS		
CITY-ST-ZIP	OVERLAND PARK KS		2.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GROSS, C J		3.2 NAME		
STREET ADDRESS	6363 COLLEGE BOULEVARD		3.3 STREET ADDRESS		
CITY-ST-ZIP	OVERLAND PARK KS		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE	V, L.E.	☑ Change ☐ Addition
NAME	BISSON, M F		4.2 NAME	~~S~~E. Polson	
STREET ADDRESS	11422 MIRACLE HILLS DRIVE #406		4.3 STREET ADDRESS	6363 College Blvd	
CITY-ST-ZIP	OMAHA NE 68154		4.4 CITY-ST-ZIP	Overland Park, KS 66211	
TITLE	V	☐ DELETE	5.1 TITLE	V	☑ Change ☐ Addition
NAME	CRAWFORD, D L		5.2 NAME	J. P. McAndrews	
STREET ADDRESS	FIVE THE MOUNTAIN ROAD		5.3 STREET ADDRESS	6363 College Blvd	
CITY-ST-ZIP	FRAMINGHAM MA 01701		5.4 CITY-ST-ZIP	Overland Park, KS 66211	
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DESROCHES, D E		6.2 NAME		
STREET ADDRESS	6363 COLLEGE BOULEVARD		6.3 STREET ADDRESS		
CITY-ST-ZIP	OVERLAND PARK KS 66211		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: _____ Lyle Polson, Vice President 2/23/96 (913) 339-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #