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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9300001065

1. Corporation Name

MOUNTAIN INSURANCE AGENCY, INC.

					<u> </u>	. 10 11/ 10 11/ 10 8/11 1 8	,101	II(E) EXIL IDEX		
Principal Place	e of Business	Mailing Address								
175 CROSSING BLVD., STE. 100 6363 COLLEGE BLVD.										
FRAMINGHAM N	MA 01702	OVERLAND PARK KS 66211			DO NOT WRITE IN THIS SPACE					
					3. Date incorporated or Qualit	ed ,				
					02/15/1993					
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Apr	plied For		
21		26 7045 College	BI	vd	04-3126497		Not	Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A			
22		27			o. Octalogic of Oldido Bosilot		Fee Re	quired		
City & Stat	te	City & State		11-	6. Election Campaign Financi	ng □	\$5.00	, ,		
23		28 Overland Pa		<u>K></u>	Trust Fund Contribution		Added to	o Fees		
Zip	Country	Zip	Country		8. This corporation owes the o	urrent year Inta				
24	25	29 66211 30 Johnson			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent					
	9. Name and Address of Current	Registered Agent	81	Name	IV. Name and Address of Ne	W IVERISCELEG N	-Aa			
CT	CORPORATION SYSTEM		[,	Hame						
~ .	SOUTH PINE ISLAND ROAD		82	Street Add	ress (P.O. Box Number is Not Acc	eptable)		ļ		
PLAN	NTATION FL 33324		83							
			84	City		FL	85 Zip C	Code		
11 Dureuant	to the provisions of Sections 607.0502	and 607,1508. Florida Statutes.	the above	e-named con	poration submits this statement for	the purpose of	changing its	registered		
office or r	registered agent, or both, in the State or im familiar with, and accept the obligati	of Florida. Such change was autho	orizea by	the corporati	on's board of directors. I hereby ac	cept the appoin	ntment as reç	gistered		
•	iiii lamiliai witii, and accept the obligati	ons of section our today, Florida	Cibiolos							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	sistered Ager	t signature requin	ed when reinstating)	DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO					
TITLE	PD	☐ DELETE	1.1 TITLE		See Attached	Ĺ	Change	Addition		
NAME	GOLDSTEIN, K F		1.2 NAME		1			,		
STREET ADDRESS	II .		1.3 STREET	ADDRESS	1					
CITY-ST-ZIP	OVERLAND PARK KS		1.4 CITY-S	T-ZIP			Change	☐ Addition		
TITLE	VSD	☐ DELETE	2.1 TITLE		1		☐ Change	☐ Addition		
NAME	STARNES, C R		2.2 NAME		1					
STREET ADDRESS	1	مسيفي ياداد	2.3 STREE	1 .		. .				
CITY-ST-ZIP	OVERLAND PARK KS		2.4 CITY-5	T-ZIP			Change	☐ Addition		
TITLE	VTD	☐ DELETE	3.1 TITLE				□ ⇔ranβs			
NAME	GROSS, C J		3.2 NAME							
STREET ADDRESS			3.3 STREE	l,						
CITY-ST-ZIP	OVERLAND PARK KS	☐ DELETE	3.4. CITY-S	ST-ZIP			[T] Change	Addition		
TITLE	V POLCON I F		4.1 TITLE							
NAME	POLSON, L.E.		4.2 NAME	T 4 D D D C C C						
STREET ADDRESS	:			TADDRESS	1					
CfTY-ST-ZIP	OVERLAND PARK KS	DELETE	4.4 CITY-S 5.1 TITLE	<u>1-21P</u>			Change	Addition		
TITLE	V .		5.1 IIILE 5.2 NAME		1			J		
NAME	MCANDREWS, J.P.			T ADDRESS						
STREET ADDRESS			5.4 CITY-S		}					
CITY-ST-ZIP	OVERLAND PARK KS	□ DELETE	6.1 TITLE			_	Change	☐ Addition		

14. I 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, with all other like empowered.

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

TILLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ZE REQUIRED E OF SIGNING OFFICER OF DIRECTOR

☐ DELETE

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90168 047 ***150.00

DF Goldstein, Kenneth	2000 Smith, Stephen	~ 700010	Overland Park, KS 66211) Mountain Insurance Agency, Inc.
á	47			Inc.

i ş	∛ Sweeni	Stroud,	Plouff, .	Hadel, I	Combs,	Polson, Lyle E.	Strohfu	Starnes	McAndr	McHugi	Gross,	12 H Goldste	0930 Smith, Stephen	0 -7 6000
	∜ Sweenie, Thomas B.	Stroud, William M.	Plouff, John F. Jr.	Hadel, Diane L.	Combs, Janet Ł.	Lyle E.	Strohfus, Paul Martin	Starnes, Curtis R.	McAndrews, Jerome Patrick	McHugh, Michael William	Gross, Carolyn Jean	L Goldstein, Kenneth	Slephen	Name
	459-92-6367	360-26-2061	307-52-9840	319-40-7252	490-58-3713	485-62-7501	504-62-1697	483-63-0389	478-62-1827	003-42-0898	498-54-2028	105-34-6444	479-58-0031	SS No.
	7045 College Boulevard, Overland Park, KS 66211	7045 College Boulevard, Overland Park, KS 66211	7045 College Boulevard, Overland Park, KS 66211	7045 College Boulevard, Overland Park, KS 66211	7045 College Boulevard, Overland Park, KS 66211	7045 College Boulevard, Overland Park, KS 66211	7045 College Boulevard, Overland Park, KS 66211	7045 College Boulevard, Overland Park, KS 66211	7045 College Boulevard, Overland Park, KS 66211	Business Address				
	3900 W. 125th Terrace, Leawood, KS 66209 ¬	1434 W. Hood, Chicago, IL 60660	9633 Belinder Road, Leawood, KS 66206	406 W. Palomino, Raymore, MO 64083	8948 W. 124th Street, #133 Overland Park, KS 66213	12711Wenoga, Leawood, KS 66209	9850 S. Venneford Ranch Rd. Highlands Ranch, CO 80126	10763 Larsen, Overland Park, KS 66210	8347 Hallet, Lenexa, KS 66215	13932 Mackey Overland Park, KS 66223	809 Springwood Dr., Blue Springs, MO 64015	14624 Eby Overland Park, KS 66209	12904 Beverly Overland Park, KS 66209	Residence Address
	Asst. Treas.	Asst. Treas.	Asst. Sec.	Asst. Sec.	Asst. Sec.	VP/Asst. Sec.	Sr. VP/Director	Sr. VP/Sec/CLO/Director	Sr. VP/Director	Sr. VP/Director	Sr. VP/CFO/Treas/Director	Vice Chairman/Director	Pres/CEO/Director/Chairman	Title