

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Cynthia B. Walker Secretary of State 1700 BANKERS BUILDING TALLAHASSEE, FLORIDA 32301
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APPROVED  
AND  
FILED

**DOCUMENT # P06685 (2)**

07/10/1985 AM 9:55

**NORDIC UNION REINSURANCE CORPORATION**

OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office (City & State)	Managing Office (City & State)
110 WILLIAM STREET NEW YORK NY 10038	110 WILLIAM STREET NEW YORK NY 10038

DO NOT WRITE IN THIS SPACE

3. Date of Last Report (If Not Applicable)		3a. Date of Last Report	
07/10/1985		02/16/1994	
2. Principal Office (City & State)	2a. Managing Office (City & State)	4. FFI Number	Applied For
21. 4400 Harding Road Nashville, TN 37205	26. P. O. Box 110656 Nashville, TN 37222-0656	13-2960609	Not Applicable
22. State (City & State)	27. State (City & State)	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Nashville, TN 37205	28. Nashville, TN 37222-0656	<input type="checkbox"/>	
24. 37205	25. U.S.A.	29. 37222-0656	30. U.S.A.
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
<input type="checkbox"/>			
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

**10. Name and Address of New Registered Agent**

B1. Name	B2. Street Address (P.O. Box Number is Not Acceptable)	B3. City	B4. State	B5. Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0907 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 607.0905, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD BUNAES, BARD E. 110 WILLIAM STREET NEW YORK NY	NAME	PD Russell, John 301 Plus Park Blvd., Suite 10 Nashville, TN 37217-1005
NAME	VD POWERS, JAMES J. 110 WILLIAM STREET NEW YORK NY	NAME	S Anderson, James E., Jr. 4400 Harding Road Nashville, TN 37205
NAME	VTD HENRY, BURTON I. 110 WILLIAM STREET NEW YORK NY	NAME	TD Lunn, Thomas H. 4400 Harding Road Nashville, TN 37205
NAME	VPD HUGHES, ROGER M. 110 WILLIAM STREET NEW YORK NY	NAME	VP Hettinger, David L. 301 Plus Park Blvd., Suite 10 Nashville, TN 37217-0656
NAME	D ERCKLENTZ, ALEXANDER T. 59 WALL STREET NEW YORK NY	NAME	CD Claverie, Roy E. 4400 Harding Road Nashville, TN 37205
		NAME	VP Salisbury, Scott A. 301 Plus Park Blvd., Suite 10 Nashville, TN 37217-1005

14. I, the hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(b), 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 it were signed by the corporation or its duly authorized officer. I am a resident of the State of Florida and I am a resident of the State of Florida and I am a resident of the State of Florida.

SIGNATURE: *John C. Russell* John C. Russell, President & Director 4/27/95

Pole 685



*Permanent General Assurance Corporation*

633 THOMPSON LANE  
NASHVILLE, TENNESSEE 37204  
Mailing Address  
P O BOX 110658  
NASHVILLE, TENNESSEE 37222-0658

615/242-1961  
TN WATS 1-800/280-1466  
FAX 1-800-INSUROR

Block 13 (cont'd) Additions of officers:

VP  
Sheppard, Michael G.  
301 Plus Park Blvd., Suite 10  
Nashville, TN 37217-1005

VP  
Sharp, William M.  
301 Plus Park Blvd., Suite 10  
Nashville, TN 37217-1005

AS  
Jones, William S.  
4400 Harding Road  
Nashville, TN 37205

AS  
Ingle, Janet C.  
4400 Harding Road  
Nashville, TN 37205

AS  
Fletcher, John J.  
4400 Harding Road  
Nashville, TN 37205

AT  
Seagraves, Marilyn K.  
4400 Harding Road  
Nashville, TN 37205

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. McArthur  
Secretary of State  
CORPORATE SERVICES

APPROVED

95 MAY 11 11:10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P07012** (8)

UA THEATRE AMUSEMENTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **9110 E. NICHOLS AVE SUITE 200 ENGLEWOOD CO 80112 US**  
Mailing Address: **9110 E. NICHOLS AVE SUITE 200 ENGLEWOOD CO 80112 US**

3. Date Incorporated or Created: **08/07/1985**  
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

4. FFI Number: **94-2345147**  
Applied For:  Not Applicable:

22. State: **27**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23. City & State: **28**

6. Election Campaigns Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24. Zip: **25** County: **30**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
B1 Name: \_\_\_\_\_  
B2 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
B3 \_\_\_\_\_  
B4 City: \_\_\_\_\_ FL B5 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.06(1) and 607.15(8), 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 stipulations of Section 607.06(1), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

CD	NAME: <b>BLAIR, STEWART</b> STREET ADDRESS: <b>9110 E. NICHOLS AVE ENGLEWOOD CO</b> CITY, ST, ZIP: _____
PD	NAME: <b>WARZEL, PETER C.</b> STREET ADDRESS: <b>9110 E. NICHOLS AVE. ENGLEWOOD CO</b> CITY, ST, ZIP: _____
VS	NAME: <b>HARDY, RALPH E.</b> STREET ADDRESS: <b>9110 E. NICHOLS AVE. ENGLEWOOD CO</b> CITY, ST, ZIP: _____
V	NAME: <b>CLEVELAND, HAL</b> STREET ADDRESS: <b>9110 E. NICHOLS AVE. ENGLEWOOD CO</b> CITY, ST, ZIP: _____
TVD	NAME: <b>HALL, KURT C.</b> STREET ADDRESS: <b>9110 E. NICHOLS AVE. ENGLEWOOD CO</b> CITY, ST, ZIP: _____
V	NAME: <b>KOETS, STEVEN J.</b> STREET ADDRESS: <b>9110 E. NICHOLS AVE. ENGLEWOOD CO</b> CITY, ST, ZIP: _____

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME: _____
13. STREET ADDRESS: _____
14. CITY, ST, ZIP: _____
15. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME: _____
17. STREET ADDRESS: _____
18. CITY, ST, ZIP: _____
19. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME: _____
21. STREET ADDRESS: _____
22. CITY, ST, ZIP: _____
23. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME: _____
25. STREET ADDRESS: _____
26. CITY, ST, ZIP: _____

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the last 110.021(1)(a) Florida Statutes. I further certify that the information included 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. I am an officer or a director of the corporation or a trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change or an attachment with an address.

SIGNATURE: **STEVEN J. KOETS** 4/27/95 303/792-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR