

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90043 001 \*\*\*150.00

**DOCUMENT # 833023**

1. Entity Name

**OLD AMERICAN INSURANCE COMPANY**



Principal Place of Business

**3520 BROADWAY  
KANSAS CITY MO 64111  
US**

Mailing Address

**PO BOX 218573  
KANSAS CITY FL 64121-8573  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**44-0376695**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE FL 32399-0000**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME BIXBY, III W  
STREET ADDRESS 3520 BROADWAY  
CITY-ST-ZIP KANSAS CITY MO

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME HANSEN, ANDREW M.  
STREET ADDRESS 3520 BROADWAY  
CITY-ST-ZIP KANSAS CITY MO

TITLE DV ☐ Change ☒ Addition  
NAME HOLMES, JAMES J  
STREET ADDRESS 3520 BROADWAY  
CITY-ST-ZIP KANSAS CITY, MO 64111

TITLE SD ☐ Delete  
NAME HOFFMAN, GARY K  
STREET ADDRESS 3520 BROADWAY  
CITY-ST-ZIP KANSAS CITY MO 64111

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME NELSON, BRENT C  
STREET ADDRESS 3520 BROADWAY  
CITY-ST-ZIP KANSAS CITY MO 64111-2565

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD ☒ Delete  
NAME BIXBY, JOSEPH R  
STREET ADDRESS 3520 BROADWAY  
CITY-ST-ZIP KANSAS CITY MO

TITLE CD ☐ Change ☒ Addition  
NAME BIXBY, ROBERT P  
STREET ADDRESS 3520 BROADWAY  
CITY-ST-ZIP KANSAS CITY, MO 64111

TITLE D ☐ Delete  
NAME KNAPP, TRACY W  
STREET ADDRESS 3520 BROADWAY  
CITY-ST-ZIP KANSAS CITY MO 64111-2565

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Brent Nelson* **V.P. & Controller**

3-16-05

816-753-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #