

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 842676**

1. Entity Name  
**PLAZA INSURANCE COMPANY**



Principal Place of Business  
**700 W. 47TH STREET  
SUITE 350  
KANSAS CITY, MO 64112**

Mailing Address  
**700 W. 47TH STREET  
SUITE 350  
KANSAS CITY, MO 64112**



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-1140651**

Applied For  
Not Applicable

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

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

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000782343  
01/15/08-80071-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	YOUNGHANZ, TERRY L
STREET ADDRESS	700 W 47TH ST., STE., 350
CITY-ST-ZIP	KANSAS CITY, MO 64112
TITLE	SD
NAME	BRUMFIELD, JERRY W
STREET ADDRESS	700 W 47TH ST., STE., 350
CITY-ST-ZIP	KANSAS CITY, MO 64112
TITLE	TD
NAME	BUSS, JESSICA E
STREET ADDRESS	700 W 47TH ST., STE., 350
CITY-ST-ZIP	KANSAS CITY, MO 64112
TITLE	D
NAME	GOODE, JOAN E
STREET ADDRESS	700 W 47TH ST., STE., 350
CITY-ST-ZIP	KANSAS CITY, MO 64112
TITLE	D
NAME	WARTHEN, THOMAS V
STREET ADDRESS	700 W 47TH ST., STE., 350
CITY-ST-ZIP	KANSAS CITY, MO 64112
TITLE	D
NAME	GOODE, DOUGLAS E
STREET ADDRESS	700 W 47TH ST., STE., 350
CITY-ST-ZIP	KANSAS CITY, MO 64112

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-8-08 8164122865**

Date

Daytime Phone #