

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 842676

FILED
Mar 24, 2011
Secretary of State

Entity Name: PLAZA INSURANCE COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 58-1140651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: RESTREPO, ROBERT P JR.
Address: 518 E. BROAD STREET
City-St-Zip: COLUMBUS, OH 43215

Title: S
Name: YANO, JAMES A
Address: 518 E. BROAD STREET
City-St-Zip: COLUMBUS, OH 43215

Title: T
Name: POWELL, CYNTHIA A
Address: 518 E. BROAD STREET
City-St-Zip: COLUMBUS, OH 43215

Title: D
Name: FIORILE, MICHAEL J
Address: 34 SOUT THIRD STREET
City-St-Zip: COLUMBUS, OH 43215

Title: D
Name: OTTE, PAUL J
Address: 201 S. GRANT AVENUE
City-St-Zip: COLUMBUS, OH 43215

Title: D
Name: BLANK, DENNIS R
Address: 15078 HARBOR POINT WEST
City-St-Zip: THOMVILLE, OH 43076

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JERRY W. BRUMFIELD

AS

03/24/2011

Electronic Signature of Signing Officer or Director

Date