FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 27 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **849944** **(4)**

1. Corporation Name
EMPLOYERS REINSURANCE CORPORATION

Principal Place of Business	Mailing Address
5200 METCALF P.O. BOX 2991 OVERLAND PARK KANSAS 66201	5200 METCALF P.O. BOX 2991 OVERLAND PARK KANSAS 66201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/06/1981	3a. Date of Last Report: 01/28/1994
4. FEI Number: 48-0921045	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER STATE OF FLORIDA CAPITAL BLDG TALLAHASSEE FL FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☐ Change ☐ Addition
NAME	TEANEY, GARY R.	1.2 NAME	
STREET ADDRESS	5200 METCALF	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PK KS	1.4 CITY-ST-ZIP	
TITLE	~~XDCX~~	2.1 TITLE	XX Change ☐ Addition
NAME	LEVIN, JOSEPH W.	2.2 NAME	Senior Vice President & Actuary, Director
STREET ADDRESS	5200 METCALF	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PK KS	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	MONROE, ROBERT E	3.2 NAME	
STREET ADDRESS	5200 METCALF	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PK FL	3.4 CITY-ST-ZIP	
TITLE	~~DSX~~	4.1 TITLE	XX Change ☐ Addition
NAME	CONNELLY, JOHN M.	4.2 NAME	Senior Vice President, General Counsel & Secretary, Director
STREET ADDRESS	5200 METCALF	4.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PK KS	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	☐ Change ☐ Addition
NAME	DORE, JAMES F	5.2 NAME	
STREET ADDRESS	5200 METCALF	5.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PK KS	5.4 CITY-ST-ZIP	
TITLE	CPD	6.1 TITLE	XX Change ☐ Addition
NAME	~~AHLMANNXXXX~~	6.2 NAME	AHLMANN, Kaj
STREET ADDRESS	5200 METCALF	6.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PK KS	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ John M. Connelly 1-19-95 913 676 5470
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0477748 FP