FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name
EMPLOYERS REINSURANCE CORPORATION

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

Mailing Address
5200 METCALF
P.O. BOX 2991
OVERLAND PARK KANSAS 66201

3. Date Incorporated or Qualified: 08/06/1981
3a. Date of Last Report: 01/27/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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

INSURANCE COMMISSIONER
STATE OF FLORIDA CAPITAL BLDG
TALLAHASSEE FL FL 32301

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

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 — Registered Agent's signature — DATE

12. OFFICERS AND DIRECTORS

TITLE	T	☐ DELETE
NAME	TEANEY, GARY R.	
STREET ADDRESS	5200 METCALF	
CITY-ST-ZIP	OVERLAND PK KS	
TITLE	SVPA	☐ DELETE
NAME	LEVIN, JOSEPH W.	
STREET ADDRESS	5200 METCALF	
CITY-ST-ZIP	OVERLAND PK KS	
TITLE	V	☐ DELETE
NAME	MONROE, ROBERT E	
STREET ADDRESS	5200 METCALF	
CITY-ST-ZIP	OVERLAND PK FL	
TITLE	SVPC	☐ DELETE
NAME	CONNELLY, JOHN M.	
STREET ADDRESS	5200 METCALF	
CITY-ST-ZIP	OVERLAND PK KS	
TITLE	DV	☐ DELETE
NAME	DORE, JAMES F	
STREET ADDRESS	5200 METCALF	
CITY-ST-ZIP	OVERLAND PK KS	
TITLE	CPD	☐ DELETE
NAME	AHLMANN, KAJ	
STREET ADDRESS	5200 METCALF	
CITY-ST-ZIP	OVERLAND PK KS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: [signature] James F. Dore V.P. 1-30-96 913 676 5208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)