## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL RÉPORT

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4.1



FLORIDA DEPARTMENT ( STATE

ANNL	1998	D	Secretary DIVISION OF CO			Secretary of State	
	MENT # 84994 Name YERS REINSURANCE CO		(4)			. Kadan inin anta naka inik anta anta anta	1811 81811 81811 81811 81811 81811 1881
Principal Place 5200 METCAL P.O. BOX 299 OVERLAND PA	5200 METC/ P.O. BOX 28	Mailing Address 5200 METCALF P.O. BOX 2991 OVERLAND PARK KANSAS 66201			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  08/06/1981		
2. Principal Pi	ace of Business	2a. Mailing A	ddress		<u></u>	4. FEI Number 48-0921045	Applied For Not Applicable
Suite, Apt.		Suite, Ap					\$8.75 Additional Fee Required
City & State		City & Sta	ate	-	· · ·		\$5.00 May Be Added to Fees
Zip 24	Country 25 2. Name and Address of Cur	Zip 29 rent Registered Ana		Coun 30	try	8. This corporation owes or has paid     Personal Property Tax due June 30     10. Name and Address of New Regis	). 🔲 Yes 🔲 No
ING	URANCE COMMISSIONER	telli nadisioi an mad	ALL		11 Name	10. Name and Address of Ivea negit	stered Agent
STATE OF FLORIDA CAPITAL BLDG						ddress (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL FL 32301						ddress (F.O. Box Humber is Not Acceptable,	) 
					13		
				E	4 City		FL 85 Zip Code
11. Pursuant to office or reagent. I ar SIGNATURE	o the provisions of Sections 607.0 egistered agent, or both, in the Sta in familiar with, and accept the ob	0502 and 607 1508, F ate of Florida. Such c digations of, Section 6	lorida Statute hange was a 307.0505, Flo	es, the about othorized rida Statul	es.	corporation submits this statement for the pur oration's board of directors. I hereby accept t	pose of changing its registered
	Signature, typed or printed name of registered		11C(N)		Agent signature n	equired when reinslating)	DATE
12.	OFFICERS A	AND DIRECTORS	DELETE	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICER	
TITLE NAME	LEWIS, DORSEY		] Dereit	1.1 TOTAL 1.2 NAM			Change Addition
STREET ADDRESS	5200 METCALF				ET ADDRESS		
CITY-ST-ZIP	OVERLAND PK KS				-SI-ZIP		
TITLE	SVPD		DELETE	2.1 TITL	<del></del>		Change Addition
NAME	LEVIN, JOSEPH W.			2.2 NAM	ŧ .		
STREET ADDRESS	5200 METCALF			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	OVERLAND PK KS	···-	105	2. 4 CITY	-ST-ZIP		
TITLE	MONROE, ROBERT E	L	DELETE	3.1 TITLE	f		Change Addition
NAME OFFICER ADDRESS	5200 METCALF			3 2 NAM			
STREET ADDRESS CITY-ST-ZIP	OVERLAND PK FL				ET ADDRESS		
TITLE	SVDC		DELETE	4.1 TITLI	'-ST-ZIP		Change Addition
NAME	CONNELLY, JOHN M.	_	•	4. 2 NAN			
STREET ADDRESS	5200 METCALF				ET ADDRESS		
CITY-ST-ZIP	Overland PK KS			f	-ST-ZIP		,
TITLE	ZAD		DELETE	5.1 TITLE			Change Addition
NAME	DORE, JAMES F			5.2 NAM	E		4/2//2
STREET ADDRESS	5200 METCALF			5.3 S1RE	ET ADDRESS		11 7-1/5
CITY-ST-ZIP	overland PK KS			5.4 CITY	- S1 - ZIP	/	

OVERLAND PK KS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Socion 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 altechment with an address.

6.3 STREET ADDRESS

6.1 1ITLE

62 NAME

SIGNATURE:

AHLMANN, KAJ

**5200 METCALF** 

TITLE

NAME

STREET ADDRESS

DELETE

Robert E. Monroe

1-7-98

\*\*\*150,00

Change

-02/03/98--01041--013

912-676-5251

Addition

**FILED** 

Feb 03 1998 8:00am