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

APPROVED AND FILED

95 APR 26 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **854208** **(6)**

1. Corporation Name
FIRST AMERICAN INSURANCE COMPANY

Principal Place of Business	Mailing Address
3100 BROADWAY KANSAS CITY MO 64111	3100 BROADWAY KANSAS CITY MO 64111

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/28/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: 43-0990710 ☐ Applied For ☐ Not Applicable

22. Suite, Apt. #, etc.: SUITE 1000
27. Suite, Apt. #, etc.: SUITE 1000
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

23. City & State:
28. City & State:
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24. Zip: 25. Country:
29. Zip: 30. Country:
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITAL BLDG.
TALLAHASSEE 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 _____ 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	PD	1.1 TITLE	P	☑ Change ☐ Addition
NAME	ANDERSON, RANDAL KENT	1.2 NAME		
STREET ADDRESS	3100 BROADWAY, STE 1000	1.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	1.4 CITY-ST-ZIP		64111
TITLE	CCEO	2.1 TITLE	D	☐ Change ☑ Addition
NAME	COOKE, THORNTON II	2.2 NAME		
STREET ADDRESS	3100 BROADWAY STE 1000	2.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	2.4 CITY-ST-ZIP		64111
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	SPENCER, RICHARD H	3.2 NAME		
STREET ADDRESS	1400 COMMERCE BNK 1000	3.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	V/T	☑ Change ☑ Addition
NAME	POINTER, JOHN D.	4.2 NAME		
STREET ADDRESS	3100 BROADWAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	4.4 CITY-ST-ZIP		64111
TITLE	VD	5.1 TITLE	V	☑ Change ☑ Addition
NAME	MOHLER, JOHN D	5.2 NAME		
STREET ADDRESS	3100 BROADWAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	5.4 CITY-ST-ZIP		64111
TITLE	VPC	6.1 TITLE	V	☐ Change ☑ Addition
NAME	HOLFERTY, KENNETH J	6.2 NAME		
STREET ADDRESS	3100 BROADWAY, STE 1000	6.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	6.4 CITY-ST-ZIP		64111

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 P. Pointer JOHN P. POINTER 04/17/95 816-531-7668
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Title Daytime Phone #

041744 FF