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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90021 041 \*\*\*150.00

DOCUMENT	# ,	854	420	18
1. Corporation Name		U		_

FIRST AN	MERICAN INSURANCE COM	PANY								
Discipal Disc	of Business	Mailing Address					INCOMENDATION OF THE PROPERTY	1 <b>8)) 88)8) 18</b> )) <b>8</b> }8)6 1	INDER BURNING BEBUS B	1811 8181 1891
Principal Place		*			}					
3100 BROADWA' SUITE 1000	Y	3100 BROADWAY SUITE 1000			ļ					
KANSAS CITY N	AO 64111	KANSAS CITY MO 64111				DO NOT WRITE IN THIS SPACE				
US		US			3.	Date Incorp	orated or Qua	alifed		
					1	09/28/19	82			
2. Principal Pl	ace of Business	2a. Mailing Address			4	. FEI Numbe			Ap	plied For
21		26				43-09907	<u>′10                                    </u>		No.	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5	. Certifoate o	f Status Desir	red 🔲	\$8.75	
22		27							Fee Re	equired
City & State	3	City & State			6	. Election Ca	mpaign Finan	ecing	\$5.00	•
23		28				Trust Fund	Contribution		Added	o Fees
Zip	Country	Zip	_ Country		8	•		e current year In	_	
24	25	29 31	0				roperty Tax.	<del></del>	∐ Yes	□No
	9. Name and Address of Curren	t Registered Agent				. Name and	Address of I	New Registered	Agent	
TATO	E INSURANCE COMMISSIONER		81	Name		•				
			82	Street	Address (	P.O. Box Nur	nber is Not A	cceptable)		
	TAL BLDG. Ahassee Fl 32301									
TAUL	ANASSEE PL 32301		83	 						
			84	City				FL	85 Zip	Code
	to the provisions of Sections 607.050	2 - 1 007 4500 Flasida Statutos	Abo obov		Loornoratio	an aubmite thi	c etatament fr		_ , ,	registered
office or re	to the provisions of Sections 607.050. egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	horized by	the corpo	oration's b	oard of direct	tors. I hereby	accept the appo	pintment as re	gistered
SIGNATURE								DATE		
	Signature, typed or printed name of registered agen		egistered Ager	nt signature n	required when		CHANGES T	O OFFICERS A	ND DIRECTO	RS IN 12
12.		DELETE	1.1 TITLE		PD	ADDITIONS	OTATOLO I	0 011 102107	Change	<b>∑</b> Addition
TITLE	ANDERCON DANIDAL VENT	Access	ľ			. (1 un	n L.			<b>,</b>
NAME	ANDERSON, RANDAL KENT		1.2 NAME		BHILL	wy Ghen				
STREET ADDRESS	3100 BROADWAY, STE 1000		L i	TADORESS		Broadwa		1 111.1		
CITY-ST-ZIP	KANSAS CITY MO	N DELETE	1.4 CITY-S	T-ZIP	KAn:	sas City	mo	<u> ८५॥।</u>	☐ Change	(X) Addition
TITLE	D	DELETE	2.1 TITLE		U	1	4 a 75.		[] cuango	₩ / nadiabili
NAME	COOKE, THORNTON II		2.2 NAME		1	ım,π. l				
STREET ADDRESS	3100 BROADWAY STE 1000	,	2.3 STREE	TADDRESS		Brondw	J.	mo les	(11)	
CITY-ST-ZIP	KANSAS CITY MO	EZ or err	2.4 CfTY-5	ST-ZIP		1545 (	<u>.                                    </u>	mo a	☐ Change	Addition
TITLE	S	<b>⊠</b> DELETE	3.1 TITLE		S	0	2.		[] Suange	Aradioon
NAME	KAPP JR, JAMES W		3.2 NAME		OANCE	, Gregory	/			
STREET ADDRESS	1000 WALNUT STE 1400		3.3 STREET	TADDRESS	٠	3004JW4	•	f die.		
CITY-ST-ZIP	KANSAS CITY MO		3.4. CITY- 8	ST-ZIP	KAns	sas City	mo	64111		[S]/Addition
πL£	VΤ	DELETE	4.1 TITLE		▼				Change	Addition
NAME	POINTER, JOHN D.		4.2 NAME		Adam	s, Thom	49 .T*			
STREET ADDRESS	3100 BROADWAY		4.3 STREE	TADDRESS		brandwa		4 / (1)		•
CITY-ST-ZIP	KANSAS CITY MO		4.4 CITY-S	T-ZIP	KAn:	sas Cil	y mo	64111		<del></del>
ΠΠLE	D.	DELETE	5.1 TITLE		0		l •		Change	Addition
NAME "	wiegner, edward a		5.2 NAME		West	Donald	A,			•
STREET ADORESS	3100 BROADWAY		1	TADDRESS	1 * .	Broadw	1			
CITY-ST-ZIP	KANSAS CITY MO 64111		5.4 CITY-S	T-ZIP		SAS Cit		<u> </u>		
TITLE	D	DELETE	6.1 TITLE		Antor	obomps	NIKOLA	<b>S</b>	Change	Addition
NAME	PETRONIS, PHILIP F	•	6.2 NAME					_		- (
STREET ADDRESS	3100 BROADWAY		6.3 STREE	TADDRESS	3100	Broadus	7			

to qualify for the exemption stated in Section 119.07(3)(i) Florida Statutes. I further certify that the information rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in dress, with all other like empowered. KANSAS UTI MU UV.

I hereby certify that the information supplied with this filing does indicated on this annual report or supplied and annual report. indicated on this annual report or suppofficer or director of the corporation of Block 12 or Block 13 if changed, or in

**SIGNATURE:** 

CITY-ST-ZIP

KANSAS CITY MO 64111

(316)531-7668