2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2001 08:00 AM
Secretary of State

DOCUMENT # **854208**

1. Entity Name
FIRST AMERICAN INSURANCE COMPANY

Principal Place of Business	Mailing Address
3100 BROADWAY SUITE 1300 KANSAS CITY MO 64111 US	3100 BROADWAY SUITE 1300 KANSAS CITY MO 64111 US

2. Principal Place of Business	3. Mailing Address
3100 BROADWAY	3100 BROADWAY
Suite, Apt. #, etc.: SUITE 511	Suite, Apt. #, etc.: SUITE 511
City & State: KANSAS CITY MO	City & State: KANSAS CITY MO
Zip: 64111 Country: US	Zip: 64111 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: **43-0990710** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITAL BLDG.

TALLAHASSEE FL
32301 US

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ **09/11/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MOHLER JOHN D		NAME		
STREET ADDRESS	10569 GODDARD		STREET ADDRESS		
CITY-ST-ZIP	OVERLAND PARK KS 66214		CITY-ST-ZIP		
TITLE	SV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RYAN EDWIN FJR		NAME		
STREET ADDRESS	9956 GODDARD		STREET ADDRESS		
CITY-ST-ZIP	OVERLAND PARK KS 66214		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MENNABHAN JAMES J		NAME		
STREET ADDRESS	6200 N 61ST PLACE		STREET ADDRESS		
CITY-ST-ZIP	PARADISE VALLEY AZ 85253		CITY-ST-ZIP		
TITLE	SVD	☐ Delete	TITLE	SVP	☒ Change ☐ Addition
NAME	OBERG RAYMOND C		NAME	TETRO JOHN M	
STREET ADDRESS	294 GULF ST		STREET ADDRESS	46 FORESTDALE	
CITY-ST-ZIP	MILFORD CT 06460		CITY-ST-ZIP	ROCKVILLE CENTRE NY 11570	
TITLE	CEOD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MAY DAVID G		NAME		
STREET ADDRESS	44 PASTURE LANE		STREET ADDRESS		
CITY-ST-ZIP	DARIEN CT 06820		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	BALLOW GLENN L		NAME	BALLEW GLENN L	
STREET ADDRESS	609 WATCHCOVE CT		STREET ADDRESS	12613 BALLENTINE	
CITY-ST-ZIP	CINCINNATI OH 45230		CITY-ST-ZIP	OVERLAND PARK KS 66213	

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M TETRO SVP 09/11/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #