2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 AM
Secretary of State

DOCUMENT# 854208

Entity Name: FIRST AMERICAN INSURANCE COMPANY

Current Principal Place of Business:

3100 BROADWAY
SUITE 511
KANSAS CITY, MO 64111 US

New Principal Place of Business:

Current Mailing Address:

3100 BROADWAY
SUITE 511
KANSAS CITY, MO 64111 US

New Mailing Address:

100 FIRST STAMFORD PLACE
SUITE 325
STAMFORD, CT 06902 US

FEI Number: 43-0990710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STATE INSURANCE COMMISSIONER
CAPITAL BLDG.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BALLEW, GLENN L	
Address:	12613 BALLENTINE	
City-St-Zip:	OVERLAND PARK, KS 66213	
Title:	CEOD	( ) Delete
Name:	MAY, DAVID G	
Address:	44 PASTURE LANE	
City-St-Zip:	DARIEN, CT 06820	
Title:	SVP	( ) Delete
Name:	TETRO, JOHN M	
Address:	46 FORESTDALE	
City-St-Zip:	ROCKVILLE CENTRE, NY 11570	
Title:	D	( ) Delete
Name:	MENNABHAN, JAMES J	
Address:	6200 N 61ST PLACE	
City-St-Zip:	PARADISE VALLEY, AZ 85253	
Title:	SV	( ) Delete
Name:	RYAN, EDWIN F JR	
Address:	9956 GODDARD	
City-St-Zip:	OVERLAND PARK, KS 66214	
Title:	V	( ) Delete
Name:	MOHLER, JOHN D	
Address:	10569 GODDARD	
City-St-Zip:	OVERLAND PARK, KS 66214	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M TETRO SVP 04/24/2002

Electronic Signature of Signing Officer or Director Date

JOSEPH LABELL
26 BARCLAY ROAD
SCARSDALE, NY 10583