

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

55 MAY 16 AM 8:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000237 (7)

1. Corporation Name
FRANKONA AMERICA REINSURANCE COMPANY

Principal Place of Business Mailing Address

**SUITE 900
2405 GRAND AVENUE
KANSAS CITY MO 64108**

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2405 GRAND AVENUE
KANSAS CITY MO 64108**

3. Date Incorporated or Qualified 3a. Date of Last Report

01/18/1994

4. FEI Number Applied For

43-1660783 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 29. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City 85. Zip Code

FL

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 resigning DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	KANN, ACHIM DR
STREET ADDRESS	MARIA-THERESIA STRASSE 35/D-81675
CITY- ST- ZIP	MUNICH, GERMANY
TITLE	VC
NAME	MAYR, KARL J DR
STREET ADDRESS	MARIA-THERESIA STRASSE 35/D-81675
CITY- ST- ZIP	MUNICH, GERMANY
TITLE	D
NAME	PAUL, LEWIS H
STREET ADDRESS	2405 GRAND AVENUE, SUITE 900
CITY- ST- ZIP	KANSAS CITY MO 64108
TITLE	D
NAME	MULLIN, CAROL M
STREET ADDRESS	2405 GRAND AVENUE, SUITE 900
CITY- ST- ZIP	KANSAS CITY MO 64108
TITLE	P
NAME	PAUL, LEWIS H
STREET ADDRESS	2405 GRAND AVENUE, SUITE 900
CITY- ST- ZIP	KANSAS CITY MO 64108
TITLE	V
NAME	MONCADA, MICHAEL
STREET ADDRESS	2405 GRAND AVENUE, SUITE 900
CITY- ST- ZIP	KANSAS CITY MO 64108

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	
31. TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	P/D/T
33. STREET ADDRESS	THOMAS STANLEY CASE
34. CITY- ST- ZIP	2405 GRAND BOULEVARD SUITE 900 KANSAS CITY MO 64108-2500
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	VP/S/D
43. STREET ADDRESS	
44. CITY- ST- ZIP	
51. TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	VP
53. STREET ADDRESS	DARRYL BLAINE THOMPSON
54. CITY- ST- ZIP	2405 GRAND BOULEVARD, SUITE 900 KANSAS CITY MO 64108-2500
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY- ST- ZIP	

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 110.07(3)(b), 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 resolver 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: Carol M. Mullin CAROL M. MULLIN 4/28/95 (01W471-0440)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type in 11/95)