

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000000237 (7)

1. Corporation Name
FRANKONA AMERICA REINSURANCE COMPANY



Principal Place of Business Mailing Address
SUITE 900 SUITE 900
2405 GRAND AVENUE 2405 GRAND AVENUE
KANSAS CITY MO 64108 KANSAS CITY MO 64108

3. Date Incorporated or Qualified **01/18/1994** 3a. Date of Last Report **05/16/1995**
4. FEI Number **43-1660783** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. 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 28 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 **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 date of appointment. (Delete) Registered Agent signature to proceed with re-registration.

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	KANN, ACHIM DR	
STREET ADDRESS	MARIA-THERESIA STRASSE 35/D-81675	
CITY - ST - ZIP	MUNICH, GERMANY	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	MAYR, KARL J DR	
STREET ADDRESS	MARIA-THERESIA STRASSE 35/D-81675	
CITY - ST - ZIP	MUNICH, GERMANY	
TITLE	PDT	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, STANLEY C	
STREET ADDRESS	2405 GRAND BOULEVARD SUITE 900	
CITY - ST - ZIP	KANSAS CITY MO	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	MULLIN, CAROL M	
STREET ADDRESS	2405 GRAND AVENUE, SUITE 900	
CITY - ST - ZIP	KANSAS CITY MO	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	THOMPSON, DARRYL B	
STREET ADDRESS	2405 GRAND BOULEVARD, SUITE 900	
CITY - ST - ZIP	KANSAS CITY MO	
TITLE	V	<input checked="" type="checkbox"/> DELETE
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

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	C
1.3 STREET ADDRESS	Wood, Hoyt H.
1.4 CITY - ST - ZIP	2405 Grand Blvd., Suite 900
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PDT
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	Kansas City, MO 64108-2500
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: **Darryl B. Thompson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96 (913)676-6509
Date Date/Time Phone #

CR2E034 (12/95)