

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 # **F95000003600 (2)**

1. Corporation Name

MODERN CASUALTY INSURANCE AGENCY INC.



Principal Place of Business

Mailing Address

330 2ND AVE S #790
MINNEAPOLIS MN 55401

330 2ND AVE S #790
MINNEAPOLIS MN 55401

3. Date Incorporated or Qualified
07/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1100 Main St.**

26 **1100 Main St.**

4. FEI Number
41-0799188

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **2350**

27 **2350**

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

City & State

City & State

23 **Kansas City, MO**

28 **Kansas City, MO**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **64105**

25 **Jackson**

29 **64105**

30 **Jackson**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **DCP DAVIDSON, DONALD D**
STREET ADDRESS **330 2ND AVE S #790**
CITY-ST-ZIP **MINNEAPOLIS MN 55401**

1.1 TITLE Change Addition
1.2 NAME **DCP Davidson, Donald D.**
1.3 STREET ADDRESS **1100 Main St., Suite 2350**
1.4 CITY-ST-ZIP **Kansas City, MO 64105**

TITLE DELETE
NAME **DCV HARRISON, ROGER D**
STREET ADDRESS **330 2ND AVE S #790**
CITY-ST-ZIP **MINNEAPOLIS MN 55401**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME **DST FERCHO, IVAN**
STREET ADDRESS **330 2ND AVE S #790**
CITY-ST-ZIP **MINNEAPOLIS MN 55401**

3.1 TITLE Change Addition
3.2 NAME **DST Anderson, Dean**
3.3 STREET ADDRESS **1100 Main St., Suite 2350**
3.4 CITY-ST-ZIP **Kansas City, MO 64105**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 on an attachment with an address.

SIGNATURE:

Dean R. Anderson

Dean Anderson 5/9/96 816-221-9744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)