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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

1100 MAIN STREET
SUITE 2350
KANSAS CITY MO 64105
US

Mailing Address

1100 MAIN STREET
SUITE 2350
KANSAS CITY MO 64105
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1995

4. FEI Number

41-0799188

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 206 Eighth Street

Suite, Apt. #, etc.

22

City & State

23 Des Moines, IA

Zip

24 50309

Country

25 US

2a. Mailing Address

26 206 Eighth Street

Suite, Apt. #, etc.

27

City & State

28 Des Moines, IA

Zip

29 50309

Country

30 US

9. Name and Address of Current Registered Agent

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

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 607.1506, 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP ☒ DELETE

NAME DAVIDSON, DONALD D
STREET ADDRESS 1100 MAIN STREET #2350
CITY-ST-ZIP KANSAS CITY MO

TITLE DV ☒ DELETE

NAME RUSSELL, PAUL E.
STREET ADDRESS 1100 MAIN ST., SUITE 2350
CITY-ST-ZIP KANSAS CITY MO

TITLE DST ☒ DELETE

NAME BRICK, KATHRYN E.
STREET ADDRESS 1100 MAIN STREET #2350
CITY-ST-ZIP KANSAS CITY MO

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Wagner, Steve R.
1.3 STREET ADDRESS 206 Eighth Street
1.4 CITY-ST-ZIP Des Moines, IA 50309

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME Anderson, Dean
2.3 STREET ADDRESS 206 Eighth Street
2.4 CITY-ST-ZIP Des Moines, IA 50309

3.1 TITLE DS ☒ Change ☐ Addition

3.2 NAME Kunz, Faye L.
3.3 STREET ADDRESS 206 Eighth Street
3.4 CITY-ST-ZIP Des Moines, IA 50309

4.1 TITLE T ☒ Change ☐ Addition

4.2 NAME Matera, Michael J.
4.3 STREET ADDRESS 206 Eighth Street
4.4 CITY-ST-ZIP Des Moines, IA 50309

5.1 TITLE VD ☒ Change ☐ Addition

5.2 NAME Poetting, Gary M.
5.3 STREET ADDRESS 206 Eighth Street
5.4 CITY-ST-ZIP Des Moines, IA 50309

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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

CR2E034 (10/97)