FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 1:56

DOCUMENT # P04796 (9)

1. Corporation Name
FIRST EXCESS AND REINSURANCE CORPORATION

Principal Place of Business	Mailing Address
5200 METCALF P.O. BOX 29175 OVERLAND PARK KS 66201	5200 METCALF P.O. BOX 29175 OVERLAND PARK KS 66201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/28/1985
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 43-1037123 ☐ 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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE CAPITAL,CAPITAL BUILDING
TALLAHASSEE FL 32301

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	SKIDMORE, REX O	1.2 NAME		
STREET ADDRESS	~~607 SOUTH KIRSTEN~~	1.3 STREET ADDRESS	8127 LAKEVIEW DR.	
CITY-ST-ZIP	~~OLATHE KS 66061~~	1.4 CITY-ST-ZIP	PARKVILLE, MO 64152	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, DIANE, E	2.2 NAME		
STREET ADDRESS	8953 TOMASHAW	2.3 STREET ADDRESS		
CITY-ST-ZIP	LENEXA KS	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	WIER, RICHARD C	3.2 NAME		
STREET ADDRESS	11005 W. 104TH STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	OVERLAND PARK KS	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	CONNELLY, JOHN M.	4.2 NAME		
STREET ADDRESS	17160 STONEHAVEN DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	BELTON MO	4.4 CITY-ST-ZIP		
TITLE	CD	5.1 TITLE		☐ Change ☐ Addition
NAME	AHLMANN, KAJ	5.2 NAME		
STREET ADDRESS	17945 ROSEWOOD	5.3 STREET ADDRESS		
CITY-ST-ZIP	STILWELL KS	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	SPOOLSTRA, LARRY P	6.2 NAME		
STREET ADDRESS	6500 W. 183RD STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	STILWELL KS	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)(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: Diane E. Thomas Diane E. Thomas 01-23-95 913/676-5214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477747 FP