3-26-97 B-3596 C

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P04796** **(9)**

1. Corporate Name
FIRST EXCESS AND REINSURANCE CORPORATION

Principal Office of Business
2405 GRAND
SUITE 800
KANSAS CITY MO 64141-6369
US

Mailing Address
P O BOX 419369
~~P.O. BOX 29175~~
KANSAS CITY MO 64141-6369
US

3. Date Incorporated or Qualified: 01/28/1985
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business
21
State, Apt. #, etc.
22
City & State
23
Zip: 24 64141-6369 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 P.O. BOX 419369
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 607.1008, 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(S) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: SKIDMORE, REX O		1.2 NAME	
STREET ADDRESS: 8127 LAKEVIEW DR		1.3 STREET ADDRESS	
CITY-ST-ZIP: PARKVILLE MO		1.4 CITY-ST-ZIP	
TITLE: S	☐ DELETE	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	☐ DELETE	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: CD	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	

CR2E034 (9/96)

14. I do 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: Diane E Thomas DIANE THOMAS 3/14/97 913-676-5214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #