

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90088 031 \*\*\*150.00

DOCUMENT # P04796

1. Corporation Name

FIRST EXCESS AND REINSURANCE CORPORATION

Principal Place of Business

2405 GRAND  
SUITE 900  
KANSAS CITY MO 64141-6369  
US

Mailing Address

P O BOX 419369  
KANSAS CITY MO 64141-6369  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1985

4. FEI Number

43-1037123

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 6329 GLENWOOD AVENUE

2a. Mailing Address

26 PO BOX 29164

Suite, Apt. #, etc.

22 SUITE 300

Suite, Apt. #, etc.

27

City & State

23 OVERLAND PARK, KS

City & State

28 OVERLAND PARK, KS

Zip Country

24 66202 25 USA

Zip Country

29 66201-9164 30 USA

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
STATE 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

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 PD ☐ DELETE

NAME SKIDMORE, REX O  
STREET ADDRESS 8127 LAKEVIEW DR  
CITY-ST-ZIP PARKVILLE MO

TITLE S ☐ DELETE

NAME THOMAS, DIANE, E  
STREET ADDRESS 8953 TOMASHAW  
CITY-ST-ZIP LENEXA KS

TITLE VD ☐ DELETE

NAME WIER, RICHARD C  
STREET ADDRESS 11005 W. 104TH STREET  
CITY-ST-ZIP OVERLAND PARK KS

TITLE CD ☐ DELETE

NAME CONNELLY, JOHN M.  
STREET ADDRESS 17160 STONEHAVEN DRIVE  
CITY-ST-ZIP BELTON MO

TITLE CD ☐ DELETE

NAME AHLMANN, KAJ  
STREET ADDRESS 17945 ROSEWOOD  
CITY-ST-ZIP STILWELL KS

TITLE VD ☐ DELETE

NAME SPOOLSTRA, LARRY P  
STREET ADDRESS 6500 W. 183RD STREET  
CITY-ST-ZIP STILWELL KS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*David A. Clark* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 8, 1999

(913) 676-5532

Date

Daytime Phone #

CR2E034 (11/98)