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

APPROVED AND FILED

95 MAY -1 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10240 (0)

1. Corporation Name
ERA GENERAL AGENCY CORPORATION

Principal Place of Business	Mailing Address
P. O. BOX 2974 SHAWNEE MISSION KS 66201	P. O. BOX 2974 SHAWNEE MISSION KS 66201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/28/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) County (25)
Zip (29) County (30)

4. FEI Number: 48-0824690 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 607.1508, 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 mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☑ Change ☐ Addition
NAME	GOULETAS, STEVEN E.	12 NAME	Joan Diepenbrock	
STREET ADDRESS	4900 COLLEGE BLVD.	13 STREET ADDRESS	4900 College Blvd	
CITY ST ZIP	OVERLAND PARK KS	14 CITY ST ZIP	Overland Park, KS 66211	
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	DI BENDETTO, ANTHONY R.	22 NAME		
STREET ADDRESS	4900 COLLEGE BLVD.	23 STREET ADDRESS		
CITY ST ZIP	OVERLAND PARK KS	24 CITY ST ZIP		
TITLE	VPT	31 TITLE		☐ Change ☐ Addition
NAME	PETERSON, BRIAN K	32 NAME		
STREET ADDRESS	4900 COLLEGE BLVD.	33 STREET ADDRESS		
CITY ST ZIP	OVERLAND PARK KS	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	GOULET, VICTOR N.	42 NAME		
STREET ADDRESS	4900 COLLEGE BLVD	43 STREET ADDRESS		
CITY ST ZIP	OVERLAND PARK KS	44 CITY ST ZIP		
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	PURCELL, ROBERT H.	52 NAME		
STREET ADDRESS	4900 COLLEGE BLVD.	53 STREET ADDRESS		
CITY ST ZIP	OVERLAND PARK KS	54 CITY ST ZIP		
TITLE		61 TITLE	AS	☐ Change ☑ Addition
NAME		62 NAME	Sue Brown	
STREET ADDRESS		63 STREET ADDRESS	4900 College Blvd	
CITY ST ZIP		64 CITY ST ZIP	Overland Park, KS 66211	

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: Sue Brown Sue Brown 4/24/95 913-191-1000
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0477740 FP