CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAR 24 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P16463

1. Corporation Name

ADVANCE INSURANCE COMPANY OF AMERICA

800001439598
-03/24/95--01108--003
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2930 SW WOODSIDE DRIVE SUITE A TOPEKA, KS 66614-5326	2930 SW WOODSIDE DRIVE SUITE A TOPEKA, KS 66614-5326

3. Date Incorporated or Qualified: 10/21/87
3a. Date of Last Report: 3/1/94

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

4. FEI Number: 86-0269558 ☐ 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

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL 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, type or print name of registered agent and title if applicable — DATE: Registered Agent Signature Required When Filing Document

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JOHN W. KNACK 715 NW 35TH TOPEKA, KS 66604	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	DIRECTOR HAROLD D. DUFEK 66 WILLOWBROOK HUTCHINSON, KS 67502	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY WILLIAM H. PITSENBERGER 1529 SW MEDFORD TOPEKA, KS 66604	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	DIRECTOR ROLLAN W. STUKENHOLTZ 2009 BURR PARKWAY DODGE CITY, KS 67801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER DAVID L. THORNBURG 2440 SW GOLFVIEW DRIVE TOPEKA, KS 66614	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	DIRECTOR GERALD R. FRIETCHEN 550 EISENHOWER RD LEAVENWORTH, KS 66048	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT JOHN D. MURRELL ROUTE 1, BOX 160A ESKRIDGE, KS 66423	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DIRECTOR THOMAS L. MILLER 2325 SW PEPPERWOOD TOPEKA, KS 66614	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR REX R. FISCHER 1133 COLLEGE MANHATTAN, KS 66502	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

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: David L. Thornburg — 3/15/95 — (913) 273-9804

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number