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

1995 MAY -1 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001492577
-05/17/95--01181--011
****200.00 ****200.00

DOCUMENT # **175536** **(2)**

1. Corporation Name

~~SOUTHEAST TITLE AND INSURANCE COMPANY~~
Associated Industries Insurance Group, Inc.

Principal Place of Business	Mailing Address
151 NE SILVER SPRINGS BLVD W275 OCALA FL 32670	PO BOX 2699 CORPORATE TAXES 12/19 DALLAS TX 75221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1953
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21: 516 North Adams St
22: Suite, Apt. #, etc.
23: City & State: Tallahassee, FL
24: Zip: 32301 25: Country: Leon

2a. Mailing Address
26: P. O. Box 11179
27: Suite, Apt. #, etc.
28: City & State: Tallahassee, FL
29: Zip: 32302 30: Country: Leon

4. FEI Number: 59-0714428 ☐ 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 & TREASURER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

91 Name: Edward L. Kutter
92 Street Address (P.O. Box Number is Not Acceptable): 106 East College Avenue
93: 12th Floor Highpoint Center
94 City: Tallahassee FL 95 Zip Code: 32302

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: 04-25-95
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	11 TITLE	P/D	☒ Change ☐ Addition
NAME	BEISENHERZ, ROBERT L	12 NAME	Jon L. Shebel	
STREET ADDRESS	500 N AKARD	13 STREET ADDRESS	516 N Adams St	
CITY ST ZIP	DALLAS TX 75201	14 CITY ST ZIP	Tallahassee, FL 32301	
TITLE	COB	21 TITLE	V/D	☒ Change ☐ Addition
NAME	ALLEN, PHILLIP E.	22 NAME	Frank T. White	
STREET ADDRESS	100 MALLARD CREEK ROAD	23 STREET ADDRESS	516 N Adams St	
CITY ST ZIP	LOUISVILLE KY	24 CITY ST ZIP	Tallahassee, FL 32301	
TITLE	VD	31 TITLE	C/D	☒ Change ☐ Addition
NAME	MEKEEL, EDWARD R JR	32 NAME	Robert W. West	
STREET ADDRESS	500 N AKARD	33 STREET ADDRESS	516 N Adams St	
CITY ST ZIP	DALLAS TX	34 CITY ST ZIP	Tallahassee, FL 32301	
TITLE		41 TITLE	VC/D	☒ Change ☐ Addition
NAME		42 NAME	T. Wayne Davis	
STREET ADDRESS		43 STREET AD	516 N Adams St	
CITY ST ZIP		44 CITY ST	Tallahassee, FL 32302	
TITLE		51 TITLE	VC/D	☒ Change ☐ Addition
NAME		52 NAME	Guy M. Spearman	
STREET ADDRESS		53 STREET ADDRESS	516 N Adams St	
CITY ST ZIP		54 CITY ST ZIP	Tallahassee, FL 32301	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

zeb 5-1-95

14. I do hereby certify that the information indicated on this 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: Jon L. Shebel 04-25-95 (904)224-7173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03992844 CP