

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90142 015 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 242415

1. Corporation Name
INDEPENDENT FIRE INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**ONE INDEPENDENT DRIVE
 JACKSONVILLE FL 32276**

Mailing Address
**AMERICAN GENERAL CT
 NASHVILLE TN 37250
 US**

3. Date Incorporated or Qualified
11/30/1960

4. FEI Number
59-1266516

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 owes the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 STATE OF FLORIDA
 CAPITOL BLDG.
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	D'AGOSTINO, JAMES JR.	
STREET ADDRESS	2929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KELLEY, JOE	
STREET ADDRESS	AMERICAN GENERAL CTR	
CITY-ST-ZIP	NASHVILLE TN 37250	
TITLE	SVTD	<input type="checkbox"/> DELETE
NAME	BARRETT, KENT E.	
STREET ADDRESS	AMERICAN GENERAL CENTER	
CITY-ST-ZIP	NASHVILLE TN 37250	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROBERTS, REX H	
STREET ADDRESS	AMERICAN GENERAL CENTER	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	LEBOS, LEO J	
STREET ADDRESS	AMERICAN GENERAL CENTER	
CITY-ST-ZIP	NASHVILLE TN 37250	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Martin, Rodney O., Jr.	
1.3 STREET ADDRESS	2929 Allen Parkway	
1.4 CITY-ST-ZIP	Houston, TX 77019	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hayes, Gregory A.	
3.3 STREET ADDRESS	American General Center	
3.4 CITY-ST-ZIP	Nashville, TN 37250	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Rex H. Roberts**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-99 615-749-1993
Date Daytime Phone #

CR2E034 (11/98)