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95 MAY -1 AM 9:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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***200.00 ***200.00
DO NOT WRITE IN THIS SPACE**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 363042 (3)

1. Corporation Name
**HERALD FIRE INSURANCE COMPANY
INDEPENDENT FIRE INSURANCE COMPANY OF FLORIDA**

Principal Place of Business Mailing Address

ONE INDEPENDENT DRIVE JACKSONVILLE FL 32278 **ONE INDEPENDENT DRIVE JACKSONVILLE FL 32278**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/20/1970	04/22/1994
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number	Applied For
22		27		59-1289686	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 100.012 Florida Statutes	
INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32304				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				B1 Name	
				B2 Street Address (P O Box Number is Not Acceptable)	
				B3	
				B4 City	FL B5 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 _____

12. OFFICERS AND DIRECTORS

TITLE	CD	11 TITLE	DELETE - RETIRED
NAME	PARKS, HERBERT L	12 NAME	
STREET ADDRESS	ONE INDEPENDENT DR	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 00000	14 CITY ST ZIP	
TITLE	T	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SITTIG, JOHN J.	22 NAME	
STREET ADDRESS	ONE INDEPENDENT DR	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 00000	24 CITY ST ZIP	
TITLE	CPD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAITZ, SR J DAVID	32 NAME	
STREET ADDRESS	ONE INDEPENDENT DRIVE	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	VS	41 TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURMAN, TERENCE E	42 NAME	RICE, W. VERNON
STREET ADDRESS	ONE INDEPENDENT DRIVE	43 STREET ADDRESS	ONE INDEPENDENT DRIVE
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	JACKSONVILLE, FL
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 110.07(3)(k), 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: *John J. Sittig* 4/20/95 904-358-5648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Sittig, Treasurer