

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 363042 (3)  
1. Corporation Name  
**INDEPENDENT FIRE INSURANCE COMPANY OF FLORIDA**



Principal Place of Business: ONE INDEPENDENT DRIVE JACKSONVILLE FL 32276  
Mailing Address: ONE INDEPENDENT DRIVE JACKSONVILLE FL 32276

3. Date Incorporated or Qualified: 04/20/1970  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-1289686  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE FL 32304

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: \_\_\_\_\_ (Typed or printed name of registered agent, if not applicable) \_\_\_\_\_ (Typed or printed name of registered agent, if not applicable) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	SITTIG, JOHN J.	
STREET ADDRESS	ONE INDEPENDENT DR	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	
TITLE	CPD	<input checked="" type="checkbox"/> DELETE
NAME	KLAITZ, SR J DAVID	
STREET ADDRESS	ONE INDEPENDENT DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	RICE, W. VERNON	
STREET ADDRESS	ONE INDEPENDENT DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	D'Agostino, James S., Jr.	
23 STREET ADDRESS	American General Center	
24 CITY - ST - ZIP	Nashville, TN 37250	
31 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Kelley, Joe	
33 STREET ADDRESS	One Independent Drive	
34 CITY - ST - ZIP	Jacksonville, FL 32276	
41 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Barrett, Kent E.	
43 STREET ADDRESS	American General Center	
44 CITY - ST - ZIP	Nashville, TN 37250	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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 119.07(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: Kent E. Barrett Treasurer 4/16/96 (615)749-1756  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)