

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32276-0001
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/20/1970	3a. Date of Last Report 04/25/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1289686	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32304		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 type or printed name of current agent and the applicable (NPI) Registered Agent signature required when nonscript

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SITIG, JOHN J.	1.2 NAME	
STREET ADDRESS	ONE INDEPENDENT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AGOSTINO, JAMES S. JR	2.2 NAME	D'Agostino, James S., Jr.
STREET ADDRESS	AMERICAN GENERAL CENTER	2.3 STREET ADDRESS	American General Center
CITY-ST-ZIP	NASHVILLE TN	2.4 CITY-ST-ZIP	Nashville, TN
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, JOE	3.2 NAME	Kelley, Joe
STREET ADDRESS	ONE INDEPENDENT DR	3.3 STREET ADDRESS	One Independent Drive
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, Fl
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	SrVP/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, KENT E.	4.2 NAME	Barrett, Kent E.
STREET ADDRESS	AMERICAN GENERAL CNETER	4.3 STREET ADDRESS	American General Center
CITY-ST-ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP	Nashville, TN
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Roberts, Rex H.
STREET ADDRESS		5.3 STREET ADDRESS	American General Center
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Nashville, TN
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	SrVP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Lebos, Leo, Jr.
STREET ADDRESS		6.3 STREET ADDRESS	American General Center
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Nashville, TN

14. I do 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.

SIGNATURE:  4-21-97 615-749-1993

CR2E034 (9/96)

INDEPENDENT FIRE INSURANCE COMPANY OF FLORIDA

7. SrC/D
Devlin, Robert M.
2929 Allen Parkway
Houston, TX
8. VC/D
Newton, Jon P.
2929 Allen Parkway
Houston, TX
9. SrVP/D
Colvin, Walter B.
One Independent Drive
Jacksonville, FL
10. SrVP/D
Gibbs, Marcus C.
American General Center
Nashville, TN
11. SrVP/D
Tasser, Donald J.
American General Center
Nashville, TN
12. SrVP
Buckley, Michael J.
American General Center
Nashville, TN
13. VP/D
Tuters, Peter V.
2929 Allen Parkway
Houston, Tx
14. VP
Aiken, Chris N.
American General Center
Nashville, Tn

15. VP
Coleman, John W.
American General Center
Nashville, TN
16. VP
Field, Stephen H.
2929 Allen Parkway
Houston, Tx
17. VP
Loeffler, Roy J.
One Independent Drive
Jacksonville, FL
18. VP
McReynolds, Elaine A.
American General Center
Nashville, TN