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**✓ CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 801716 (2)

1. Corporation Name
BANKERS AND SHIPPERS INSURANCE COMPANY

Principal Place of Business Mailing Address
**3080 S. CHURCH ST.
P.O. BOX 2510
BURLINGTON NC 27215**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/13/1923** 3a. Date of Last Report **05/01/1994**
4. FEI Number **13-4941245** 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

2. Principal Place of Business 2a. Mailing Address
21 **500 West Fifth Street** 26 **P. O. Box 3199**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Winston-Salem, NC** 28 **Winston-Salem, NC**
Zip Country Zip Country
24 **27152** 25 **USA** 29 **27102-3199** 30 **USA**

9. Name and Address of Current Registered Agent
**STATE COMMISSIONER OF INSURANCE
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB HAMMOND, DALE STEPHENS ONE TOWER SQUARE HARTFORD CT	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO CHAMBERLAIN, PETER BAIRD 3080 S. CHURCH ST. BURLINGTON NC	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO MARTIN, ANDREW PETER 3080 S. CHURCH ST. BURLINGTON NC	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD 500 West Fifth Street Winston-Salem, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT KARR, REBECCA HOLDER 3080 S. CHURCH ST. BURLINGTON NC	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MICHENER, JAMES MICHAEL ONE TOWER SQUARE HARTFORD CT	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS EDEDY, PAUL HOWARD ONE TOWER SQUARE HARTFORD CT	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DELETE

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(1)(b), 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: N. Randolph Mattocks, Jr. 4/12/95 (910) 770-2218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)

801716

1998 Corporation Annual Report

Bankers and Shippers Insurance Company
Document # 801716

13. Additions/Changes to Officers and Directors:

V/D
ANDREWS, STEVEN C.
500 W. FIFTH ST.
WINSTON-SALEM, NC

V
MATTOCKS, W. RANDOLPH, JR.
500 W. FIFTH ST.
WINSTON-SALEM, NC

V/D
DILLON, DAVID A.
500 W. FIFTH ST.
WINSTON-SALEM, NC

V
PORCARI, JAMES A., III
500 W. FIFTH ST.
WINSTON-SALEM, NC

V
DURKEE, LANCE D.
500 W. FIFTH ST.
WINSTON-SALEM, NC

AT (Assistant Treasurer)
RUSSELL, SHERRILL D.
500 W. FIFTH ST.
WINSTON-SALEM, NC
(There is no appointed
Treasurer at this time.)

V/D
EMERSON, BERTRAND M., II
500 W. FIFTH ST.
WINSTON-SALEM, NC

V
SPRAY, GREGORY L.
3060 S. CHURCH ST.
BURLINGTON, NC

V
GUNTNER, BARBARA A.
3060 S. CHURCH ST.
BURLINGTON, NC

V
TWOMBLY, TERRY E.
500 W. FIFTH ST.
WINSTON-SALEM, NC

V/S/D
JOHNSON, JOHN J.
500 W. FIFTH ST.
WINSTON-SALEM, NC

V
VISINTINE, GERALD R.
500 W. FIFTH ST.
WINSTON-SALEM, NC

V
KERNODLE, SETH E.
500 W. FIFTH ST.
WINSTON-SALEM, NC

P/D
LAMBIE, JAMES T.
500 W. FIFTH ST.
WINSTON-SALEM, NC

V/D
LYON, ARTHUR B., JR.
500 W. FIFTH ST.
WINSTON-SALEM, NC