

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

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PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT-# **801716 (2)**
1. Corporation Name
BANKERS AND SHIPPERS INSURANCE COMPANY



Principal Place of Business
**500 W. FIFTH STREET
~~P.O. BOX 2610~~
WINSTON-SALEM NC 27152
US**

Mailing Address
**P.O. BOX 3199
~~P.O. BOX 2610~~
WINSTON-SALEM NC 27102-3199
US**

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified
02/13/1923

3a. Date of Last Report
04/21/1995

4. FEI Number
13-4941245

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

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
VD	MARTIN, ANDREW PETER	500 WEST FIFTH STREET	WINSTON-SALEM NC	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED	Change	Addition
V/D	Andrews, Steven C.	500 West Fifth St.	Winston-Salem, NC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/S/D	Johnson, John J.	500 West Fifth St.	Winston-Salem, NC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P/D	Lambie, James T.	500 West Fifth St.	Winston-Salem, NC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/D	Lyon, Arthur S., Jr.	500 West Fifth St.	Winston-Salem, NC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/I/D	McConnell, Jeffrey B.	500 West Fifth St.	Winston-Salem, NC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/D	McKee, Donald F.	500 West Fifth Street	Winston-Salem, NC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *John J. Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John J. Johnson

4/18/96 (910) 770-2369

CR2E034 (12/95)

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Fla. Dept. of State

DOCUMENT # 801716

BANKERS AND SHIPPERS INSURANCE COMPANY

Addition to No. 13.

D
Yorke, John B.
500 West Fifth St.
Winston-Salem, NC