

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

FILED

**Mar 25 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 802939 (9)

1. Corporation Name:
VALLEY NATIONAL INSURANCE COMPANY



Principal Place of Business:
**1712 MAGNAVOX WAY
P.O. BOX 2338
FORT WAYNE IN 46801**

Mailing Address:
**500 NORTH MERIDIAN STREET
INDIANAPOLIS IN 46204-1213
US**

3. Date Incorporated or Qualified 05/15/1926	3a. Date of Last Report 01/25/1996
4. FEI Number 48-0470690	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business: 21 707 SE Quincy State, Apt. #, etc. 22 200 City & State 23 Topeka KS Zip Country 24 66603 USA	2a. Mailing Address: 26 2450 14th Ave SE Subc. Apt. #, etc. 27 City & State 28 Albany OR Zip Country 29 97321 USA 30
---	---

9. Name and Address of Current Registered Agent
**FLORIDA STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANKER ROBERT A.	12 NAME	Daniel Arthue Post
STREET ADDRESS	1300 S CLINTON ST	13 STREET ADDRESS	2792 NW Arlington Dr.
CITY - ST - ZIP	FORT WAYNE IN	14 CITY - ST - ZIP	Albany, OR 97321
TITLE	<input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHENSON, TODD R.	22 NAME	T/D
STREET ADDRESS	500 N. MERIDIAN STREET	23 STREET ADDRESS	Stuart Everett Olson
CITY - ST - ZIP	INDIANAPOLIS IN	24 CITY - ST - ZIP	1380 Avalon Place
TITLE	<input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OBER, THOMAS M	32 NAME	S/V
STREET ADDRESS	5262 N CENTRAL AVENUE	33 STREET ADDRESS	Phillip Louis Kloeck
CITY - ST - ZIP	INDIANAPOLIS IN	34 CITY - ST - ZIP	17074 South Abiqua Road
TITLE	<input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY, EUGENE	42 NAME	Kenneth Ray Hisel
STREET ADDRESS	2801 S. HORTON STREET	43 STREET ADDRESS	1247 NW Springhill Drive
CITY - ST - ZIP	FORT SCOTT KS	44 CITY - ST - ZIP	Albany, OR 97321
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	V
STREET ADDRESS		53 STREET ADDRESS	Carey Dwight Benson
CITY - ST - ZIP		54 CITY - ST - ZIP	2415 River Rock Circle
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	D
STREET ADDRESS		63 STREET ADDRESS	Morgan Wesley Davis
CITY - ST - ZIP		64 CITY - ST - ZIP	1117 Elm St
			Manchester, NH 03101

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 included 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 13 or 14, or on an attachment, with an address.

SIGNATURE: Carey D. Benson 03/15/97 972-661-2600
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)