

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 19 1998 8:00am
Secretary of State

DOCUMENT # **802939**

(9)

1. Corporation Name

VALLEY NATIONAL INSURANCE COMPANY

Principal Place of Business

**707 S.E. OUNICY
200
TOPEKA FL 68603
US**

Mailing Address

**2450 14TH AVE. S.E.
ALBANY OR 97321
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1926

4. FEI Number

48-0470690

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **POST, DANIEL A**
STREET ADDRESS **2792 N.W. ARLINGTON DR.**
CITY-STATE-ZIP **ALBANY OR**

TITLE **TO** ☐ DELETE

NAME **OLSON, STUART E**
STREET ADDRESS **1380 AVALON PLACE**
CITY-STATE-ZIP **CORVALLIS OR**

TITLE **SV** ☐ DELETE

NAME **KLOECK, PHILLIP L**
STREET ADDRESS **17074 SOUTH ABIQUA RD.**
CITY-STATE-ZIP **SILVERTON OR**

TITLE **V** ☐ DELETE

NAME **HISEL, KENNETH R**
STREET ADDRESS **1247 N.W. SPRINGHILL DRIVE**
CITY-STATE-ZIP **ALBANY OR**

TITLE **V** ☐ DELETE

NAME **BENSON, CAREY D**
STREET ADDRESS **2315 RIVER ROCK CIR.**
CITY-STATE-ZIP **ARLINGTON TX**

TITLE **D** ☐ DELETE

NAME **DAVIS, MORGAN W**
STREET ADDRESS **1117 ELM ST.**
CITY-STATE-ZIP **MANCHESTER NH**

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Michael L. Wise**
1.3 STREET ADDRESS **3775 N. Freeway Blvd, Suite 110**
1.4 CITY-STATE-ZIP **Sacramento CA 95834-1926**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **PTD**
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I 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:

CR2E034 (5/98)