

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).

FILED  
 Aug 19 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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

DO NOT WRITE IN THIS SPACE

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

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

9. Name and Address of Current Registered Agent  
 FLORIDA STATE 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  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	POST, DANIEL A	
STREET ADDRESS	2792 N.W. ARLINGTON DR.	
CITY-ST-ZIP	ALBANY OR	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	OLSON, STUART E	
STREET ADDRESS	1380 AVALON PLACE	
CITY-ST-ZIP	CORVALLIS OR	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	KLOECK, PHILLIP L	
STREET ADDRESS	17074 SOUTH ABIQUA RD.	
CITY-ST-ZIP	SILVERTON OR	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HISEL, KENNETH R	
STREET ADDRESS	1247 N.W. SPRINGHILL DRIVE	
CITY-ST-ZIP	ALBANY OR	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BENSON, CAREY D	
STREET ADDRESS	2315 RIVER ROCK CIR.	
CITY-ST-ZIP	ARLINGTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, MORGAN W	
STREET ADDRESS	1117 ELM ST.	
CITY-ST-ZIP	MANCHESTER NH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael L. Wise	
1.3 STREET ADDRESS	3775 N. Freeway Blvd, Suite 110	
1.4 CITY-ST-ZIP	Sacramento CA 95834-1926	
2.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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)