

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90002 032 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 802939

1. Corporation Name  
**VALLEY NATIONAL INSURANCE COMPANY**



Principal Place of Business  
 707 S.E. QUNICY  
 200  
 TOPEKA FL 66603  
 US

Mailing Address  
 2450 14TH AVE. S.E.  
 ALBANY OR 97321  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/15/1926	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		48-0470690	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER  
 CAPITOL BLDG.  
 TALLAHASSEE FL 32304

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISE, MICHAEL L	1.2 NAME	Baxter, Terry
STREET ADDRESS	3775 N FREEWAY BLVD, #110	1.3 STREET ADDRESS	130 Spring Hill Rd.
CITY-ST-ZIP	SACRAMENTO CA 95834	1.4 CITY-ST-ZIP	Lyne, NH 03768
TITLE	PTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	EVP and CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLSON, STUART E	2.2 NAME	Barrette, Ray
STREET ADDRESS	1380 AVALON PLACE	2.3 STREET ADDRESS	12 Maple Street
CITY-ST-ZIP	CORVALLIS OR	2.4 CITY-ST-ZIP	Hanover, NH 03755
TITLE	SV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SVP and Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLOECK, PHILLIP L	3.2 NAME	Paquette, Mike
STREET ADDRESS	17074 SOUTH ABIQUA RD.	3.3 STREET ADDRESS	100 Three Mile Rd
CITY-ST-ZIP	SILVERTON OR	3.4 CITY-ST-ZIP	Hanover, NH 03755
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP and Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HISEL, KENNETH R	4.2 NAME	Beaulieu, Dennis P.
STREET ADDRESS	1247 N.W. SPRINGHILL DRIVE	4.3 STREET ADDRESS	61 Barnard Hill Rd
CITY-ST-ZIP	ALBANY OR	4.4 CITY-ST-ZIP	Dunbarton, NH 03045-4602
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENSON, CAREY D	5.2 NAME	Campbell, Reid T.
STREET ADDRESS	2315 RIVER ROCK CIR.	5.3 STREET ADDRESS	80 South Main St
CITY-ST-ZIP	ARLINGTON TX	5.4 CITY-ST-ZIP	Hanover, NH 03755
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, MORGAN W	6.2 NAME	Oberting, Kernan V.
STREET ADDRESS	1117 ELM ST.	6.3 STREET ADDRESS	80 South Main St.
CITY-ST-ZIP	MANCHESTER NH	6.4 CITY-ST-ZIP	Hanover, NH 03755

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: Dennis P. Beaulieu Dennis P. Beaulieu, Secretary  
 7/14/99 (603) 640-2206

CR2E034 (5/99)