

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

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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

TITLE **V** ☒ DELETE
NAME **WISE, MICHAEL L**
STREET ADDRESS **3775 N FREEWAY BLVD, #110**
CITY-ST-ZIP **SACRAMENTO CA 95834**

TITLE **PTD** ☒ DELETE
NAME **OLSON, STUART E**
STREET ADDRESS **1380 AVALON PLACE**
CITY-ST-ZIP **CORVALLIS OR**

TITLE **SV** ☒ DELETE
NAME **KLOECK, PHILLIP L**
STREET ADDRESS **17074 SOUTH ABIQUA RD.**
CITY-ST-ZIP **SILVERTON OR**

TITLE **V** ☒ DELETE
NAME **HISEL, KENNETH R**
STREET ADDRESS **1247 N.W. SPRINGHILL DRIVE**
CITY-ST-ZIP **ALBANY OR**

TITLE **V** ☒ DELETE
NAME **BENSON, CAREY D**
STREET ADDRESS **2315 RIVER ROCK CIR.**
CITY-ST-ZIP **ARLINTON TX**

TITLE **D** ☐ 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 **D** ☐ Change ☒ Addition
1.2 NAME **Baxter, Terry**
1.3 STREET ADDRESS **130 Spring Hill Rd.**
1.4 CITY-ST-ZIP **Lyne, NH 03768**

2.1 TITLE **EVP and CFO** ☐ Change ☒ Addition
2.2 NAME **Barrette, Ray**
2.3 STREET ADDRESS **12 Maple Street**
2.4 CITY-ST-ZIP **Hanover, NH 03755**

3.1 TITLE **SVP and Controller** ☐ Change ☒ Addition
3.2 NAME **Paquette, Mike**
3.3 STREET ADDRESS **100 Three Mile Rd**
3.4 CITY-ST-ZIP **Hanover, NH 03755**

4.1 TITLE **VP and Secretary** ☐ Change ☒ Addition
4.2 NAME **Beaulieu, Dennis P.**
4.3 STREET ADDRESS **61 Barnard Hill Rd**
4.4 CITY-ST-ZIP **Dunbarton, NH 03045-4602**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Campbell, Reid T.**
5.3 STREET ADDRESS **80 South Main St**
5.4 CITY-ST-ZIP **Hanover, NH 03755**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Oberting, Kernan V.**
6.3 STREET ADDRESS **80 South Main St.**
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:

SIGNATURE REQUIRED

Dennis P. Beaulieu, Secretary

7/14/99

(603) 640-2206

Date

Daytime Phone #

CR2E034 (5/99)