

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 811071 (0)

1. Corporation Name

**BANKERS STANDARD FIRE AND MARINE COMPANY**



Principal Place of Business

Mailing Address

P.O. BOX 7716  
PHILADELPHIA PA 19192-2221

P.O. BOX 7716  
PHILADELPHIA PA 19192-2221

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/31/1956

3a. Date of Last Report

04/20/1995

4. FEI Number

75-6014863

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607 (b)(2) and (9), 1908, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 (9)(b), Florida Statutes.

SIGNATURE

Signature of Corporation Officer or Director (Typed Name and Title)

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRANKLIN, RICHARD C	
STREET ADDRESS	1601 CHESTNUT STREET	
CITY- ST- ZIP	PHILADELPHIA PA 19192	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ISOM, GERALD A	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY- ST- ZIP	PHILADELPHIA PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MULLIGAN, GEORGE D	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY- ST- ZIP	PHILADELPHIA PA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ENGEL, JAMES D	
STREET ADDRESS	1601 CHESTNUT STREET	
CITY- ST- ZIP	PHILADELPHIA PA	
TITLE	VAT	<input type="checkbox"/> DELETE
NAME	BERGSTEINSSON, PAUL	
STREET ADDRESS	1601 CHESTNUT STREET	
CITY- ST- ZIP	PHILADELPHIA PA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FRANKLIN, RICHARD C	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY- ST- ZIP	PHILADELPHIA PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	

SVP/D  
Prusko, Geraldine E.  
1601 Chestnut St  
Phila. PA 19192

600001761996  
-03/29/96--01014--019  
\*\*\*3000.00

VT  
Blender Marcy F  
1601 CHESTNUT STREET  
PHILADELPHIA, PA 19192

32  
3-28

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the 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: *Ray A. Muller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96

726-161-6901

CR2E034 (12/95)