

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 01 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 827050 (6)**  
1. Corporation Name  
**COMPASS INSURANCE COMPANY**



Principal Place of Business <b>709 CURTIS STREET MIDDLETOWN OH 45044-3999 US</b>	Mailing Address <b>709 CURTIS STREET MIDDLETOWN OH 45044-3999 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/16/1971</b>	
21	22	26	27	4. FEI Number <b>13-2624826</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	28	29	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		

g. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32304</b>				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDC</b>	1.1 TITLE	<b>President</b>
NAME	<b>DIERS, JOHN R</b>	1.2 NAME	<b>Blaché, Ernest J. Jr.</b>
STREET ADDRESS	<b>709 CURTIS STREET</b>	1.3 STREET ADDRESS	<b>709 Curtis Street</b>
CITY-ST-ZIP	<b>MIDDLETOWN OH</b>	1.4 CITY-ST-ZIP	<b>Middletown, Ohio 45044-3999</b>
TITLE	<b>SD</b>	2.1 TITLE	
NAME	<b>ALLARE, JOHN PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>709 CURTIS STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIDDLETOWN OH</b>	2.4 CITY-ST-ZIP	
TITLE	<b>EVD</b>	3.1 TITLE	
NAME	<b>STEPHENS, JAMES L.</b>	3.2 NAME	
STREET ADDRESS	<b>709 CURTIS STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIDDLETOWN OH</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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**-04/01/98--01079--026**  
**\*\*\*150.00**

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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ **1/2/98 573-727-5963**

CR2E034 (10/97)