

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

FILED

Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 833275 (1)
 1. Corporation Name
HEALTHSOUTH INSURANCE COMPANY

Principal Place of Business 2 FOUNTAIN SQ. CHATTANOOGA TN 37402 US	Mailing Address 2 FOUNTAIN SQ. CHATTANOOGA TN 37402 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 10/30/1974
4. FEI Number 75-1277524		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. 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		

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER STATE OF FLORIDA 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PESNELL, JAMES H 1218 SUNSET DRIVE SIGNAL MOUNTAIN TN 37377	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P / D PREMINGER, MARC L. 2 FOUNTAIN SQUARE CHATTANOOGA, TN 37402 - 0300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I YI, RAMON 30 FAITH DRIVE DERRY NH 03038	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V PESNELL, JAMES H. 2 FOUNTAIN SQUARE CHATTANOOGA, TN 37402 - 0300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSES, ROBERT 23 AUBURN STREET CONCORD NH 03301	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T BACH MAI TAI 2 FOUNTAIN SQUARE CHATTANOOGA, TN 37402 - 0300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ZUBRETSKY, JOSEPH 14 STARBRIDGE LANE AVON CT 06001	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S KOPP, DAVID C. 2 FOUNTAIN SQUARE CHATTANOOGA, TN 37402 - 0300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIDDLETON, FRANCIS G 51 CHURCH STREET CHARLESTON SC 29401	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ACTUARY ALEXANDER, ROBERT A. 2 FOUNTAIN SQUARE CHATTANOOGA, TN 37402-0300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, CHARLES M 745 BRIAR HILL ROAD HOPKINTON FL 03229	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D FITZGERALD, JOSEPH M. 2 FOUNTAIN SQUARE CHATTANOOGA, TN 37402-0300

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: *Robert A. Alexander* **ROBERT A. ALEXANDER** 4/17/98 423 255-2563

CR2E034 (10/97)