

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cynthia B. Whitman
Secretary
TALLAHASSEE, FLORIDA

APPROVED
4/25/95

DOCUMENT # **838265**

(7)

APR 25 1995

SUPPLEMENTAL INSURANCE DIVISION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 4333 EDGEWOOD RD. N.E. CEDAR RAPIDS IA 52499 US	Main Office 4333 EDGEWOOD RD. N.E. CEDAR RAPIDS IA 52499 US
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3. Date Incorporated or Qualified 04/21/1977	3a. Date of Last Report 06/03/1994
4. FCI Number 62-0915658	Applied For <input type="checkbox"/> 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 has liability for intangible tax under S. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Residence 21. Street 1020 West 4th Street	26. Mailing Address 26. Street 1020 West 4th Street
22. Subj. Apt. # etc.	27. Subj. Apt. # etc.
23. City & State Little Rock, AR	28. City & State Little Rock, AR
24. Zip 72201	29. Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?	
12.1 NAME: SD BROWN, LARRY G. STREET ADDRESS: 1111 NORTH CHARLES ST. CITY, ST, ZIP: BALTIMORE MD		13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME: D FALCONIO, PATRICK E. STREET ADDRESS: 4333 EDGEWOOD RD, NE CITY, ST, ZIP: CEDAR RAPIDS IA		13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME: D BAIRD, PATRICK S. STREET ADDRESS: 4333 EDGEWOOD RD. N.E. CITY, ST, ZIP: CEDAR RAPIDS IA		13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME: AS VERMIE, CRAIG D. STREET ADDRESS: 4333 EDGEWOOD RD, NE CITY, ST, ZIP: CEDAR RAPIDS IA		13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: VP CALLEN, DAVID STREET ADDRESS: 1020 WEST 4TH STREET CITY, ST, ZIP: LITTLE ROCK AK		13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME: P ARRINGTON, CHARLES M. STREET ADDRESS: 1020 WEST 4TH STREET CITY, ST, ZIP: LITTLE ROCK AK		13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.051(4)(a), Florida Statutes. I further certify that the information submitted in 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1-C, of part of this document with an address.

SIGNATURE:
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Craig D. Vermie, Assistant Secretary

4/25/95 (319) 398-8511