FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **840587** **(0)**

1. Corporation Name

VALIANT INSURANCE COMPANY

Principal Place of Business	Mailing Address
3910 KESWICK RD BALTIMORE MD 21211 US	P O BOX 1228 BALTIMORE MD 21203 US

3. Date Incorporated or Qualified: 05/03/1978	3a. Date of Last Report: 01/25/1995
4. FEI Number: 52-0976199	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

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, type or print name of filing officer and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DV	☒ Change ☐ Addition
NAME	KARANIK, JOHN A.		1.2 NAME		
STREET ADDRESS	3910 KEWWICK RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD		1.4 CITY-ST-ZIP		
TITLE	SSVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FELLOWS, GEORGE W.		2.2 NAME		
STREET ADDRESS	3910 KESWICK ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD		2.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PERSCHETZ		3.2 NAME		
STREET ADDRESS	3910 KESWICK ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE	DP	☒ Change ☐ Addition
NAME	GILWAY, BARRY J.		4.2 NAME		
STREET ADDRESS	3910 KESWICK RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EDDY, JEANNE H.		5.2 NAME		
STREET ADDRESS	3910 KESWICK RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCNEELY, MICHAEL D.		6.2 NAME		
STREET ADDRESS	3910 KESWICK RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: George W. Fellows 3/4/96 410-338-9176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #