


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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 843999 (4)
 1. Corporation Name
RESERVE NATIONAL INSURANCE COMPANY



Principal Place of Business 6100 N GRAND BLVD OKLAHOMA CITY OK 73118	Mailing Address 6100 N GRAND BLVD OKLAHOMA CITY OK 73118-1030
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/28/1979	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 73-0661453	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER STATE OF FLORIDA, CAPITOL BLDG. TALLAHASSEE FL		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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, ROGER	1.2 NAME	
STREET ADDRESS	3900 E. 15TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDMOND OK	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, JOE	2.2 NAME	
STREET ADDRESS	1604 MORNING STAR	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDMOND OK	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKEY, DAVID R.	3.2 NAME	
STREET ADDRESS	12923 DEERFIELD CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKLA. CITY OK	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRYDE, MARY B	4.2 NAME	
STREET ADDRESS	2515 DITMER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OKLA. CITY, OK	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMMILL, RANDY	5.2 NAME	
STREET ADDRESS	6408 ANN ARBOR TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	OKLA. CITY OK	5.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGS, GARY E	6.2 NAME	
STREET ADDRESS	7309 NW 114TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK	6.4 CITY-ST-ZIP	

14. I do 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: *Gary E Higgs* **GARY E HIGGS, PRES/Treas** 4-23-97 205/848-7931
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)