

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

FILED

**Apr 15 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 # 850502 (6)

1. Corporation Name
REPUBLIC INSURANCE COMPANY



Principal Place of Business 2727 TURTLE CREEK BLVD P.O. BOX 660560 DALLAS TX 75268	Mailing Address 2727 TURTLE CREEK BLVD P.O. BOX 660560 DALLAS TX 75266-0560
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/28/1981	3a. Date of Last Report 04/17/1996
21. Subc. Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 75-1670124	Applied For <input type="checkbox"/> 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 CAPITAL BLDG TALLAHASSEE FL 32301		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	MILLIGAN, BRUCE R.	1.2 NAME	
STREET ADDRESS	4504 LORRAINE AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	DALLAS TX	1.4 CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, GENE H	2.2 NAME	DuMar, John W.
STREET ADDRESS	1717 MAIN ST. 20TH FL.	2.3 STREET ADDRESS	10404 Sunshine Circle
CITY- ST- ZIP	DALLAS TX	2.4 CITY- ST- ZIP	Dallas, TX 75236
TITLE	VPT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINSON, LAURA K	3.2 NAME	
STREET ADDRESS	4405 AMHERST	3.3 STREET ADDRESS	
CITY- ST- ZIP	DALLAS TX	3.4 CITY- ST- ZIP	
TITLE	SV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITTO, MICHAEL E.	4.2 NAME	
STREET ADDRESS	1902 BALTIMORE	4.3 STREET ADDRESS	
CITY- ST- ZIP	RICHARDSON TX	4.4 CITY- ST- ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFUTH, TERRY J.	5.2 NAME	FULTON, JOHN E.
STREET ADDRESS	1717 GLEN SPRINGS	5.3 STREET ADDRESS	2214 Ridgecrest Trail
CITY- ST- ZIP	PLANO TX	5.4 CITY- ST- ZIP	Carrollton, TX 75007
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWLES, LLOYD S.	6.2 NAME	Headley, Glen C.
STREET ADDRESS	4212 LORRAINE AVE	6.3 STREET ADDRESS	2609 Wakefield Dr
CITY- ST- ZIP	DALLAS TX	6.4 CITY- ST- ZIP	Plano, TX 75093

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: *Laura K. Hinson* **Laura K. Hinson** **4/9/97** **(214) 559-1222**

CR2E034 (9/96)