

**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

**FILED**  
Apr 02 1996 8:00 am  
Secretary of State

DOCUMENT # ~~F27228~~ F27228  
1. Corporation Name

AMERICAN PIONEER CASUALTY INSURANCE COMPANY

Principal Place of Business Mailing Address

2. Principal Place of Business 21 100 Colony Square, Box 68		2a. Mailing Address 26 100 Colony Sq. Box 68		3. Date Incorporated or Qualified 3/27/81	3a. Date of Last Report 4/7/95
22 Suite, Apt. #, etc Ste. 2300		27 Suite, Apt. #, etc Ste 2300		4. FEI Number 59-2136562	Applied For Not Applicable
23 City & State Atlanta, GA		28 City & State Atlanta, GA		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip 30361		25 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
29 Zip 30361		30 Country USA		7. 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**

The Insurance Commissioner of State of Florida  
The Capitol  
Tallahassee, Florida 32302

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	400001707834
83	-04/03/96--01016--025
84 City	***208.75
85 Zip Code	FL

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, typed or printed name of registered agent or director if applicable

(NOTE: Registered Agent's signature is chosen when registering)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Richard Corrigan		
1.3 STREET ADDRESS	100 Colony Sq. Box 68, Ste 2300		
1.4 CITY- ST- ZIP	Atlanta, GA. 30361		
2.1 TITLE	D/VP/AS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Patricia J. Ray		
2.3 STREET ADDRESS	100 Colony Sq. Box 68, Ste. 2300		
2.4 CITY- ST- ZIP	Atlanta, Ga. 30361		
3.1 TITLE	D/VP/AS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Charles P. Farrell, Jr.		
3.3 STREET ADDRESS	100 Colony Sq. Box 68, Ste. 2300		
3.4 CITY- ST- ZIP	Atlanta, GA. 30361		
4.1 TITLE	D/VP/AS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Scott W. Chandler		
4.3 STREET ADDRESS	100 Colony Square, Box 68 Ste. 2300		
4.4 CITY- ST- ZIP	Atlanta, GA 30361		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE	D/S/T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME	John P. Rossetti		
6.3 STREET ADDRESS	100 Colony Sq. Box 68, Ste. 2300		
6.4 CITY- ST- ZIP	Atlanta, GA 30361		

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)(c), 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, unchanged, or on an attachment with an address

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Richard Corrigan - President

3-25-96

404-870-7013

CR2E034 (12/95)

4-2-96