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Apr 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F27228 (8)  
1. Corporation Name  
AMERICAN PIONEER CASUALTY INSURANCE COMPANY



Principal Place of Business Mailing Address  
100 COLONY SQUARE BOX 68 SUITE 2300 ATLANTA GA 30361 US  
100 COLONY SQUARE BOX 68 SUITE 2300 ATLANTA GA 30361-6206 US

3. Date Incorporated or Qualified 03/27/1981 3a. Date of Last Report 04/02/1996

2. Principal Place of Business 2a. Mailing Address  
21 1910 Orient Road 26 1910 Orient Road  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27  
23 Tampa, Florida 28 Tampa, Florida  
Zip Country Zip Country  
24 33619 25 J.S.A. 29 33619 30 U.S.A.

4. FEI Number 59-2136562 Applied For Not Applicable  
5. Certificate of Status Desired [X] \$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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent  
INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent  
81 Name Walter M. Lopez, Jr.  
82 Street Address (P.O. Box Number is Not Acceptable) 1910 Orient Road  
83  
84 City Tampa FL 85 Zip Code 33619

11. Pursuant to the provisions of Sections 607.006 and 607.008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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 hereby accepting the position of, Section 607.0505, Florida Statutes.

SIGNATURE *Walter M. Lopez, Jr.* DATE March 26, 1997

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CORRIGAN, RICHARD	
STREET ADDRESS	100 COLONY SQUARE BOX 68 SUITE 2300	
CITY-ST-ZIP	ATLANTA GA 30361	
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	RAY, PATRICIA J	
STREET ADDRESS	100 COLONY SQUARE BOX 68 SUITE 2300	
CITY-ST-ZIP	ATLANTA GA 30361	
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	FARRELL, CHARLES P JR	
STREET ADDRESS	100 COLONY SQUARE BOX 68 SUITE 2300	
CITY-ST-ZIP	ATLANTA GA 30361	
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	CHANDLER, SCOTT W	
STREET ADDRESS	100 COLONY SQUARE BOX 68 SUITE 2300	
CITY-ST-ZIP	ATLANTA GA 30361	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	ROSSETTI, JOHN P	
STREET ADDRESS	100 COLONY SQUARE BOX 68 SUITE 2300	
CITY-ST-ZIP	ATLANTA GA 30361	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Armando O. Roche	
1.3 STREET ADDRESS	1910 Orient Road	
1.4 CITY-ST-ZIP	Tampa, FL 33619	
2.1 TITLE	Secretary & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Linda J. Roche	
2.3 STREET ADDRESS	1910 Orient Road	
2.4 CITY-ST-ZIP	Tampa, FL 33619	
3.1 TITLE	Executive Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gilbert M. Rodriguez	
3.3 STREET ADDRESS	1910 Orient Road	
3.4 CITY-ST-ZIP	Tampa, FL 33619	
4.1 TITLE	Vice-President, Inc.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Walter M. Lopez, Jr.	
4.3 STREET ADDRESS	1910 Orient Road	
4.4 CITY-ST-ZIP	Tampa, FL 33619	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Fred Carrington	
5.3 STREET ADDRESS	2302 Village Green Bl.	
5.4 CITY-ST-ZIP	Plant City, FL 33567	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *[Signature]* DATE: March 26, 1997 623-5042

CR2E034 (9/96)