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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:37

DOCUMENT # F93000005898 (2)

1. Corporation Name
FIRST DELAWARE INSURANCE AGENCY, INC.

Principal Place of Business
1415 FAULK RD
SUITE 100
WILMINGTON DE 19803

Mailing Address
1415 FAULK RD
SUITE 100
WILMINGTON DE 19803

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/28/1993
3a. Date of Last Report: 04/27/1994
4. FEI Number: 51-0352186 ☐ 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: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1 1 TITLE	Director	[X] Change ☐ Addition
NAME	SEIDEL, SAMUEL W	1 2 NAME		
STREET ADDRESS	112 E. MARKET ST.	1 3 STREET ADDRESS		
CITY-ST-ZIP	SALISBURY MD	1 4 CITY-ST-ZIP		
TITLE	V	2 1 TITLE	SVP	[X] Change ☐ Addition
NAME	BEALE, CHARLES L	2 2 NAME		
STREET ADDRESS	300 BELLEVUE PKWY, STE 140	2 3 STREET ADDRESS	100 N. Tampa Street, Suite 3600	
CITY-ST-ZIP	WILMINGTON DE	2 4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	V	3 1 TITLE	SVP, Controller	[X] Change ☐ Addition
NAME	GRUBB, DAVID L	3 2 NAME		
STREET ADDRESS	1415 FOULK RD., STE 100	3 3 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE	3 4 CITY-ST-ZIP		
TITLE		4 1 TITLE	Vice President, Secretary	☐ Change [X] Addition
NAME		4 2 NAME	Deanna Voss	
STREET ADDRESS		4 3 STREET ADDRESS	1415 Foulk Road, Suite 100	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	Wilmington, DE 19803	
TITLE		5 1 TITLE	Chairman, CEO	[X] Change ☐ Addition
NAME		5 2 NAME	Robert Rothman	
STREET ADDRESS		5 3 STREET ADDRESS	100 N. Tampa Street, Suite 3600	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE		6 1 TITLE	SVP, CIO, Treasurer	☐ Change [X] Addition
NAME		6 2 NAME	Michael C. Auger	
STREET ADDRESS		6 3 STREET ADDRESS	100 N. Tampa Street, Suite 3600	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	Tampa, FL 33602	

14. I do hereby certify that the information supplied with this filing is voluntary furnished and 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: Deanna Voss (signature) Deanna Voss 3/2/95 (302) 477-5979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474308 FP