

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

001371

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90118 027 \*\*\*150.00

DOCUMENT # P13559

1. Corporation Name  
AMERICAN DEPOSIT INSURANCE COMPANY



Principal Place of Business: 1300 PARKWOOD CIRCLE, P.O. BOX 105091, ATLANTA GA 30348  
Mailing Address: 1300 PARKWOOD CIRCLE, P.O. BOX 105091, ATLANTA GA 30348

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1987

4. FEI Number: 73-0772113 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 owes the current year Intangible Personal Property Tax:  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  
INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
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

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	KRAUSE, MICHAEL, D	
STREET ADDRESS	1300 PARKWOOD CIRCLE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	NEFF, THOMAS S	
STREET ADDRESS	1300 PARKWOOD CIR.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AVT	<input type="checkbox"/> DELETE
NAME	BROOKS, J THOMAS	
STREET ADDRESS	1300 PARKWOOD CIRCLE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	KUSUMI, GARY	
STREET ADDRESS	1300 PARKWOOD CIRCLE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WASHBURNE, MAURICE F.	
STREET ADDRESS	1300 PARKWOOD CIRCLE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAYES, GEORGE H.	
STREET ADDRESS	1300 PARKWOOD CIRCLE	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Krause, Michael David	
1.3 STREET ADDRESS	1300 Parkwood Circle	
1.4 CITY-ST-ZIP	Atlanta, GA	
2.1 TITLE	CEO & President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stevens, Edward Booth	
2.3 STREET ADDRESS	1300 Parkwood Circle	
2.4 CITY-ST-ZIP	Atlanta, GA	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: Thomas Brooks SIGNATURE REQUIRED Thomas Brooks 4-13-99 (770) 951-5599  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)