

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

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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, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CPD	NAME: KRAUSE, MICHAEL, D	1.1 TITLE: Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1300 PARKWOOD CIRCLE	CITY-ST-ZIP: ATLANTA GA	1.2 NAME: Krause, Michael David	
TITLE: VSD	NAME: NEFF, THOMAS S	1.3 STREET ADDRESS: 1300 Parkwood Circle	
STREET ADDRESS: 1300 PARKWOOD CIR.	CITY-ST-ZIP: ATLANTA GA	1.4 CITY-ST-ZIP: Atlanta, GA	
TITLE: AVT	NAME: BROOKS, J THOMAS	2.1 TITLE: CEO & President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 1300 PARKWOOD CIRCLE	CITY-ST-ZIP: ATLANTA GA	2.2 NAME: Stevens, Edward Booth	
TITLE: EVP	NAME: KUSUMI, GARY	2.3 STREET ADDRESS: 1300 Parkwood Circle	
STREET ADDRESS: 1300 PARKWOOD CIRCLE	CITY-ST-ZIP: ATLANTA GA	2.4 CITY-ST-ZIP: Atlanta, GA	
TITLE: V	NAME: WASHBURNE, MAURICE F.	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1300 PARKWOOD CIRCLE	CITY-ST-ZIP: ATLANTA GA	3.2 NAME:	
TITLE: V	NAME: HAYES, GEORGE H.	3.3 STREET ADDRESS:	
STREET ADDRESS: 1300 PARKWOOD CIRCLE	CITY-ST-ZIP: ATLANTA GA	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4-13-99 Daytime Phone #: (770) 951-5599

CR2E034 (11/98)