

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

**FILED**  
**Aug 05 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**DOCUMENT # P21440 (3)**  
 1. Corporation Name  
**VICTORIA FIRE & CASUALTY COMPANY**



Principal Place of Business ATTN: HERENDEEN, KEVIN → DEDEK, JOSEPH E 5915 LANDERBROOK DR. CLEVELAND OH 44124-1058 US	Mailing Address ATTN: HERENDEEN, KEVIN → DEDEK, JOSEPH E 5915 LANDERBROOK DR. CLEVELAND OH 44124-4034 US
----------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>10/25/1988</b>	3a. Date of Last Report <b>03/04/1996</b>
4. FEI Number <b>34-1394913</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>DEDEK, JOSEPH E.</b> Suite, Apt. #, etc. 22 <b>5915 LANDERBROOK DR.</b> City & State 23 <b>CLEVELAND, OH</b> Zip 24 <b>44124-4058</b> Country 25 <b>USA.</b>	2a. Mailing Address 26 <b>DEDEK, JOSEPH E.</b> Suite, Apt. #, etc. 27 <b>5915 LANDERBROOK DR.</b> City & State 28 <b>CLEVELAND, OH</b> Zip 29 <b>44124-4058</b> Country 30 <b>USA</b>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9. Name and Address of Current Registered Agent  
**THE FLORIDA INSURANCE COMMISSIONER**  
**THE CAPITOL**  
**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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEDUS, JOSEPH E</b>	1.2 NAME	<b>DEDEK, JOSEPH E</b>
STREET ADDRESS	<b>5915 LANDERBROOK DRIVE</b>	1.3 STREET ADDRESS	<b>5915 LANDERBROOK DRIVE</b>
CITY-ST-ZIP	<b>CLEVELAND OH</b>	1.4 CITY-ST-ZIP	<b>CLEVELAND, OH 44124</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRAMER, IVAN</b>	2.2 NAME	<b>KRAMER, IVAN</b>
STREET ADDRESS	<b>5915 LANDERBROOK DR.</b>	2.3 STREET ADDRESS	<b>5915 LANDERBROOK DR.</b>
CITY-ST-ZIP	<b>CLEVELAND OH</b>	2.4 CITY-ST-ZIP	<b>CLEVELAND, OH 44124</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KEPLINGER, TAB A.</b>	3.2 NAME	<b>MUELLER, ROBERT W</b>
STREET ADDRESS	<b>5915 LANDERBROOK DR.</b>	3.3 STREET ADDRESS	<b>5915 LANDERBROOK DR.</b>
CITY-ST-ZIP	<b>CLEVELAND OH</b>	3.4 CITY-ST-ZIP	<b>CLEVELAND, OH 44124</b>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HERENDEEN, KEVIN</b>	4.2 NAME	<b>ASST SECRETARY</b>
STREET ADDRESS	<b>5915 LANDERBROOK DR.</b>	4.3 STREET ADDRESS	<b>HOFFER JOHN E</b>
CITY-ST-ZIP	<b>CLEVELAND OH</b>	4.4 CITY-ST-ZIP	<b>6225 SMITH AVENUE</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLNER, STUART</b>	5.2 NAME	<b>WILLNER, STUART</b>
STREET ADDRESS	<b>5915 LANDERBROOK DR.</b>	5.3 STREET ADDRESS	<b>5915 LANDERBROOK DR.</b>
CITY-ST-ZIP	<b>CLEVELAND OH</b>	5.4 CITY-ST-ZIP	<b>CLEVELAND, OH 44124</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIETRY, MICHAEL</b>	6.2 NAME	<b>DIETRY, MICHAEL</b>
STREET ADDRESS	<b>5915 LANDERBROOK DR.</b>	6.3 STREET ADDRESS	<b>5915 LANDERBROOK DR.</b>
CITY-ST-ZIP	<b>CLEVELAND OH</b>	6.4 CITY-ST-ZIP	<b>CLEVELAND, OH 44124</b>

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: *John E. Hoffer* 7-30-97 (410) 205-6595

CR2E034 (9/96)