

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

**FILED**  
**Feb 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



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

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
ATTN: DEDEK, JOSEPH E 5915 LANDERBROOK DR. CLEVELAND OH 44124-4058 US		ATTN: DEDEK, JOSEPH E 5915 LANDERBROOK DR. CLEVELAND OH 44121-4058 US	
21	ATTN: FINANCE	26	ATTN: FINANCE
22	Subs, Apt #, etc	27	Subs, Apt #, etc
23	City & State	28	City & State
24	Zip	29	Zip
	Country	30	Country

3. Date Incorporated or Qualified	10/25/1988
4. FET Number	34-1394913
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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
85	Zip Code

11. Pursuant to the provisions of Sections 607.050(1) and 607.11(8), 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. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am filing this report in compliance with the provisions of Section 607.050(1), Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DEDEK, JOSEPH E	
STREET ADDRESS	5915 LANDERBROOK DRIVE	
CITY, ST, ZIP	CLEVELAND OH	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KRAMER, IVAN	
STREET ADDRESS	5915 LANDERBROOK DR.	
CITY, ST, ZIP	CLEVELAND OH	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MUELLER, ROBERT W	
STREET ADDRESS	5915 LANDERBROOK DR.	
CITY, ST, ZIP	CLEVELAND OH	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HOFFEN, JOHN F	
STREET ADDRESS	6225 SMITH AVE	
CITY, ST, ZIP	BALTIMORE MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLNER, STUART	
STREET ADDRESS	5915 LANDERBROOK DR.	
CITY, ST, ZIP	CLEVELAND OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DIETRY, MICHAEL	
STREET ADDRESS	5915 LANDERBROOK DR.	
CITY, ST, ZIP	CLEVELAND OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	JANICE KOERMER	
13 STREET ADDRESS	5915 LANDERBROOK DRIVE	
14 CITY, ST, ZIP	CLEVELAND, OH 44124	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS	5915 LANDERBROOK DRIVE	
64 CITY, ST, ZIP		

14. I hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included in this annual report or statement of 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with complete and correct address.

SIGNATURE: *Janice Koermer* 1/22/98 (440) 461-3461

CR2E034 (10/97)