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Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P33031** (6)  
1. Corporation Name  
**ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY**



Principal Place of Business  
**701 FIFTH AVENUE  
DES MOINES IA 50391-2000  
US**

Mailing Address  
**701 FIFTH AVENUE  
DES MOINES IO 50391-0001  
US**

3. Date Incorporated or Qualified  
**03/05/1991**

3a. Date of Last Report  
**04/10/1996**

4. FEI Number  
**42-1201931**

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

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-0300**

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

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                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>CALLISON, JAMES</b>                   | 1.2 NAME  |  |
| STREET ADDRESS             | <b>1436 EAST OVID</b>                    | 1.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              | <b>DES MOINES IA</b>                     | 1.4 CITY- ST- ZIP                                     |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>COLBY, CHARLES I</b>                  | 2.2 NAME  |  |
| STREET ADDRESS             | <b>909 ASHWORTH RD</b>                   | 2.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              | <b>DES MOINES IA</b>                     | 2.4 CITY- ST- ZIP                                     |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>EVANS, HAROLD S</b>                   | 3.2 NAME  |  |
| STREET ADDRESS             | <b>5220 5TH AVENUE</b>                   | 3.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              | <b>PITTSBURGH PA</b>                     | 3.4 CITY- ST- ZIP                                     |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>TAYLOR, JOHN P</b>                    | 4.2 NAME  |  |
| STREET ADDRESS             | <b>500 SW 7TH STREET</b>                 | 4.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              | <b>DES MOINES IA</b>                     | 4.4 CITY- ST- ZIP                                     |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>OLESON, GEORGE T</b>                  | 5.2 NAME  |  |
| STREET ADDRESS             | <b>1818 HIGH ST</b>                      | 5.3 STREET ADDRESS                                    | <b>701 Fifth Avenue</b>  |
| CITY- ST- ZIP              | <b>DES MOINES IA</b>                     | 5.4 CITY- ST- ZIP                                     | <b>Des Moines, IA 50391-2000</b>   |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>SHAFFER, JAMIE H.</b>                 | 6.2 NAME  |  |
| STREET ADDRESS             | <b>701 FIFTH AVENUE</b>                  | 6.3 STREET ADDRESS                                    |  |
| CITY- ST- ZIP              | <b>DES MOINES IA</b>                     | 6.4 CITY- ST- ZIP                                     |  |

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 11 or Block 13, if changed, or in an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/97**

515-280-4326

Date

Daytime Phone

CR2E034 (9/96)