FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 19 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S71811** **(1)**

1. Corporation Name

DEPENDABLE PROTECTIVE MUTUAL RISK RETENTION GROU P, INC.

Principal Place of Business	Mailing Address
1545 RAYMOND RD 3RD FLOOR TALLAHASSEE FL 32308	1545 RAYMOND RD 3RD FLOOR TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/08/1991
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip
24:
County
25:

2a. Mailing Address
26: P.O. Box 12200
Suite, Apt. #, etc.
27:
City & State
28: Tallahassee, FL
Zip
29: 32317-2200
County
30: USA

4. FEI Number: 59-1688072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX — $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

9. Name and Address of Current Registered Agent

ATKINS, ROBERT L
1545 RAYMOND DEIHL RD.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: Jacobs, Joseph W.
82 Street Address (P.O. Box Number is Not Acceptable): 1545 Raymond Diehl Rd., 3rd Floor
83:
84 City: Tallahassee, FL 85 Zip Code: 32308

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] Joseph W. Jacobs 4/10/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VDC	11 TITLE	PDC	☒ Change ☐ Addition
NAME	ECKERLEIN, R.F.	12 NAME		
STREET ADDRESS	1545 RAYMOND DIEHL RD.	13 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	VD	☒ Change ☐ Addition
NAME	KOPELMAN, HARVEY M.	22 NAME		
STREET ADDRESS	1545 RAYMOND DIEHL RD.	23 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	STELNICKI, JAMES V.	32 NAME		
STREET ADDRESS	1545 RAYMOND DIEHL RD.	33 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	HOROWITZ, EARL R.	42 NAME		
STREET ADDRESS	1545 RAYMOND DIEHL RD.	43 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	KARNS, MARTIN E.	52 NAME		
STREET ADDRESS	1545 RAYMOND DIEHL RD.	53 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MERRITT, HENRY N., JR.	62 NAME		
STREET ADDRESS	1545 RAYMOND DEIHL RD.	63 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] Joseph W. Jacobs 4/10/95 904-422-2255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

040870 FP

ATTACHMENT TO 1995 ANNUAL REPORT FOR DEPENDABLE PROTECTIVE MUTUAL RISK RETENTION GROUP, INC.

TITLE *NAME* *STREET ADDRESS* *CITY-ST-ZIP*	~~P~~ ~~ATKINS, ROBERT L.~~ ~~1545 RAYMOND DIEHL RD.~~ ~~TALLAHASSEE, FL 32308~~	*TITLE* *NAME* *STREET ADDRESS* *CITY-ST-ZIP*	☒Change☐Addition
TITLE *NAME* *STREET ADDRESS* *CITY-ST-ZIP*	~~V~~ ~~NEWMAN, JR., JAMES W.~~ ~~1545 RAYMOND DIEHL RD.~~ ~~TALLAHASSEE, FL 32308~~	*TITLE* *NAME* *STREET ADDRESS* *CITY-ST-ZIP*	V Jacobs, Joseph W. 1545 Raymond Diehl Rd Tallahassee, Florida 32308 ☒Change☐Addition
TITLE *NAME* *STREET ADDRESS* *CITY-ST-ZIP*	D MOYLES, BRIANT G. 1545 RAYMOND DIEHL RD. TALLAHASSEE, FL 32308	*TITLE* *NAME* *STREET ADDRESS* *CITY-ST-ZIP*	☐Change☐Addition
TITLE *NAME* *STREET ADDRESS* *CITY-ST-ZIP*	D WEINSTEIN, ALLEN 1545 RAYMOND DIEHL RD. TALLAHASSEE, FL 32308	*TITLE* *NAME* *STREET ADDRESS* *CITY-ST-ZIP*	☐Change☐Addition
TITLE *NAME* *STREET ADDRESS* *CITY-ST-ZIP*	~~D~~ ~~WILLENS, SHELDON~~ ~~1545 RAYMOND DIEHL RD.~~ ~~TALLAHASSEE, FL 32308~~	*TITLE* *NAME* *STREET ADDRESS* *CITY-ST-ZIP*	☒Change☐Addition