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 26 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **830709** **(2)**

1. Corporation Name
ARISTAR INSURANCE COMPANY

Principal Place of Business	Mailing Address
HIDDEN RIVER CORP. PARK 8900 GRAND OAK CIRCLE TAMPA FL 33637 US	HIDDEN RIVER CORP. PARK 8900 GRAND OAK CIRCLE TAMPA FL 33637 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/20/1973
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) County (25) | Zip (29) County (30)

4. FEI Number: 04-2275299 ☐ 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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

(81) Name: James R. Garner, Sr. VP/Secretary
(82) Street Address (P.O. Box Number is Not Acceptable)
(83) 8900 Grand Oak Circle
(84) City: Tampa FL (85) Zip Code: 33637

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: James R. Garner, Sr. VP/Secretary 4/20/95
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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	GARNER, JAMES R	1.2 NAME		
STREET ADDRESS	8900 GRAND OAK CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33637-1050	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	BARE, JAMES A	2.2 NAME		
STREET ADDRESS	8900 GRAND OAK CIR	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, WAYNE L	3.2 NAME		
STREET ADDRESS	8900 GRAND OAK CIR	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	PAPPAS, MICHAEL M	4.2 NAME		
STREET ADDRESS	8900 GRAND OAK CIR	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	CARROL, LEONARD V	5.2 NAME		
STREET ADDRESS	8900 GRAND OAK CIR	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE	COB	6.1 TITLE		☐ Change ☐ Addition
NAME	PAPPAS, MICHAEL M	6.2 NAME		
STREET ADDRESS	8900 GRAND OAK CIR	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33637	6.4 CITY-ST-ZIP		

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: James R. Garner, Sr. VP/Secretary 4/20/95 813/632-4559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0904241 CP