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 MAY -1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **018328** **(5)**

1. Corporation Name
DEPENDABLE INSURANCE COMPANY, INC.

Principal Place of Business	Mailing Address
7800 BELFORT PARKWAY SUITE 100 JACKSONVILLE FL 32256 US	7800 BELFORT PARKWAY SUITE 100 JACKSONVILLE FL 32256 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/19/1950
3a. Date of Last Report: 05/01/1994

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) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-0615164 ☐ 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	WILSON, STEVEN	12 NAME	
STREET ADDRESS	7800 BELFORT PKWY	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☒ Change ☐ Addition
NAME	KELLY, THOMAS W	22 NAME	Delete from list
STREET ADDRESS	7800 BELFORT PKWY	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	24 CITY-ST-ZIP	
TITLE	EVP	31 TITLE	☐ Change ☐ Addition
NAME	GILSTRAP, SUZANNE T.	32 NAME	
STREET ADDRESS	7800 BELFORT PKWY	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	VS	41 TITLE	☐ Change ☐ Addition
NAME	GIORGIANNI, JOHN M.	42 NAME	
STREET ADDRESS	7800 BELFORT PKWY	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	EVANS, STUART B.	52 NAME	
STREET ADDRESS	7800 BELFORT PKWY	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	P ☒ Change ☐ Addition
NAME	SCHRECK, WAYNE A	62 NAME	
STREET ADDRESS	2720 E. CAMELBACK ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ 85016	64 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: _____ 4-26-95 904-281-2200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN M. GIORGIANNI

0021909 CP