

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 242415 (8)

1. Corporation Name

INDEPENDENT FIRE INSURANCE COMPANY



Principal Place of Business

ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32276

Mailing Address

ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32276

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITOL BLDG.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

11/30/1960

3a. Date of Last Report

04/26/1995

4. FEI Number

59-1266516

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

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

Signature, typed or printed name of registered agent and that of applicant.

DATE Registered Agent Signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	SITTIG, JOHN J.	
STREET ADDRESS	ONE INDEPENDENT DR	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	CPD	<input checked="" type="checkbox"/> DELETE
NAME	KLAITZ, SR J DAVID	
STREET ADDRESS	ONE INDEPENDENT DR	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	RICE, W. V	
STREET ADDRESS	ONE INDEPENDENT DR	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D'Agostino, James S., Jr.	
2.3 STREET ADDRESS	American General Center	
2.4 CITY - ST - ZIP	Nashville, TN 37250	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kelley, Joe	
3.3 STREET ADDRESS	One Independent Drive	
3.4 CITY - ST - ZIP	Jacksonville, FL 32276	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Barrett, Kent E.	
4.3 STREET ADDRESS	American General Center	
4.4 CITY - ST - ZIP	Nashville, TN 37250	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

4/16/96

(615)749-1756

CR2E034 (12/95)