

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:22

DOCUMENT # **398568** (6)

1. Corporation Name
CHASEFED INSURANCE CO.

Principal Place of Business % CHASE FEDERAL BANK 7300 N. KENDALL DR. MIAMI FL 33156 US	Mailing Address % CHASE FEDERAL BANK 7300 N. KENDALL DR. MIAMI FL 33156 US
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1972	3a. Date of Last Report 05/01/1994
21		26		4. FEI Number 59-1385825	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent TEMCHIN, ILENE % CHASE FEDERAL BANK 7300 N. KENDALL DR MIAMI FL 33156				10. Name and Address of New Registered Agent		
				81 Name Meryl Wolfson		
				82 Street Address (P.O. Box Number is Not Acceptable) c/o CHASE FEDERAL BANK		
				83 7300 N. Kendall Dr		
				84 City Miami	85 Zip Code FL 33156	

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 *Meryl Wolfson* **MERYL WOLFSON** **3/6/95**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	TITLE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOPER, THOMAS A	1.2 NAME		1.2 NAME			
STREET ADDRESS	7300 N KENDALL DR	1.3 STREET ADDRESS		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP			
TITLE	V	2.1 TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLEMENTS, CHARLES L III	2.2 NAME		2.2 NAME			
STREET ADDRESS	7300 N. KENDALL DR	2.3 STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	DP	3.1 TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HESSINGER, RICHARD M	3.2 NAME		3.2 NAME			
STREET ADDRESS	7300 N. KENDALL DR	3.3 STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	V	4.1 TITLE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELOTTO, ANTHONY J	4.2 NAME		4.2 NAME			
STREET ADDRESS	7300 N. KENDALL DR	4.3 STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DCFO	5.1 TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAKER, DONALD E	5.2 NAME		5.2 NAME			
STREET ADDRESS	7300 N. KENDALL DR	5.3 STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	D	6.1 TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TARPP, LAURENCE J	6.2 NAME		6.2 NAME			
STREET ADDRESS	7300 N. KENDALL DR	6.3 STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP		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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald E. Parker* **Donald E. Parker** **3-6-95** **(305) 670-7600**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER, FLOOR OR DEPARTMENT (Title) (Caption if known)
Chief Financial Officer