

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Aug 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 398568

(6)

1. Corporation Name

CHASEFED INSURANCE CO.

Principal Place of Business

% CHASE FEDERAL BANK
7300 N. KENDALL DR.
MIAMI FL 33156
US

401 N TRYON ST
NC1-021-03-09
c/o CORPORATE TAX
CHARLOTTE NC 28255



2. Prin	401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28255	2a. Me	401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28255	3. Date Incorporated or Qualified	03/31/1972	3a. Date of Last Report	05/13/1996
21	Suit	26	Suite, Apt. #, etc.	4. FEI Number	59-1385825	Applied For	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

WOLFSON, MARYL
C/O CHASE FEDERAL BANK
7300 N KENDALL DRIVE
MIAMI FL 33156

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 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	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P + D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOPER, THOMAS A			1.2 NAME	Dean A. Purvis		
STREET ADDRESS	7300 N KENDALL DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			1.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Sr. V.P.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLEMENTS, CHARLES L III			2.2 NAME	Gary S. Williams		
STREET ADDRESS	7300 N. KENDALL DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			2.4 CITY-ST-ZIP			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VP + Sec + D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HESSINGER, RICHARD M			3.2 NAME	Eugene H. Phipps		
STREET ADDRESS	7300 N. KENDALL DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			3.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	T + D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, YANS			4.2 NAME	John E. Mack		
STREET ADDRESS	7300 N. KENDALL DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			4.4 CITY-ST-ZIP			
TITLE	DCFO	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER, DONALD E			5.2 NAME			
STREET ADDRESS	7300 N. KENDALL DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TARPP, LAURENCE J			6.2 NAME			
STREET ADDRESS	7300 N. KENDALL DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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]

7-23 97 MAIL 381 5956

CR2E034 (9/96)