

**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 <b>Sandra B. Mortham</b> 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 33158 US	401 N TRYON ST NC1-021-03-09 c/o CORPORATE TAX CHARLOTTE NC 28255
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2. Prin	401 N TRYON ST NC1-021-03-09	2a. Me	401 N TRYON ST NC1-021-03-09
21	CHARLOTTE NC 28255	26	CHARLOTTE NC 28255
Suit		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	03/31/1972	3a. Date of Last Report	05/13/1996
4. FEI Number	59-1385825	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
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 33158**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	COOPER, THOMAS A	
STREET ADDRESS	7300 N KENDALL DR	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	V	<input checked="" type="checkbox"/>
NAME	CLEMENTS, CHARLES L III	
STREET ADDRESS	7300 N. KENDALL DR	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	DP	<input checked="" type="checkbox"/>
NAME	HESSINGER, RICHARD M	
STREET ADDRESS	7300 N. KENDALL DR	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	V	<input checked="" type="checkbox"/>
NAME	ALLEN, YANS	
STREET ADDRESS	7300 N. KENDALL DR	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	DCFO	<input checked="" type="checkbox"/>
NAME	BAKER, DONALD E	
STREET ADDRESS	7300 N. KENDALL DR	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	D	<input checked="" type="checkbox"/>
NAME	TARPP, LAURENCE J	
STREET ADDRESS	7300 N. KENDALL DR	
CITY-ST-ZIP	MIAMI FL 33158	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P + D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Dean A. Purvis		
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	Sr. V.P.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Gary S. Williams		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	VP + Sec + D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Eugene H. Phipps		
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	T + D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	John E. Mack		
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 \_\_\_\_\_ 7-23 97 MAIL 381 5956

CR2E034 (9/96)