

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

**APPROVED
AND
FILED**

1999 AUG 20 PM 3: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 398568

1. Corporation Name
CHASEFED INSURANCE CO.

Principal Place of Business 401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28255 US	Mailing Address 401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28255 US
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/31/1972	
4. FEI Number 59-1385825	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 607.1506, 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 file if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	PURRIS, DEAN A	
STREET ADDRESS	401 N. TRYON STREET NC1-021-03-09	
CITY-ST-ZIP	MIAMI FL 28255	
TITLE	SVP	<input checked="" type="checkbox"/>
NAME	WILLIAMS, GARY S	
STREET ADDRESS	401 N. TRYON STREET NC1-021-03-09	
CITY-ST-ZIP	MIAMI FL 28255	
TITLE	VPSD	<input type="checkbox"/>
NAME	PHIPPS, EUGENE H	
STREET ADDRESS	401 N. TRYON STREET NC1-021-03-09	
CITY-ST-ZIP	MIAMI FL 28255	
TITLE	TD	<input type="checkbox"/>
NAME	MACK, JOHN E	
STREET ADDRESS	401 N. TRYON STREET NC1-021-03-09	
CITY-ST-ZIP	MIAMI FL 28255	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	DUANE L. Smith		
23 STREET ADDRESS	401 N TRYON ST		
24 CITY-ST-ZIP	CHARLOTTE NC 28286		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I 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, with all other like entries.

SIGNATURE: Duane L. Smith **DUANE L. SMITH, VP** 4/23/99 704-388-2460

AD

CR2E034 (1/98)