SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 818891

COL	NFAI TH	I IFF	INSURANCE	COMPANY

00.0		IOC OOM! ATT					
Principal Plac	e of Business	Mailing Address				01 	
PO BOX 3280	VE.COMMONWEALTH BLD 30 (Y 40232-2800	680 S 4TH AVE.COMMO PO BOX 32800 LOUISVILLE KY 40232-2)			
		TOOIOTIEE IT WESE			 Date Incorporated or Qualifie 07/16/1965 	ed 3a. Date of Last Report 03/31/1995	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
Suite Ant	# Ato	26			61-0162820	Not Applicable \$8.75 Additional	
Suite, Apt #, etc		27			5. Certificate of Status Desired	Fee Required	
City & Stat	е	City & State			6. Election Campaign Financing	·	
Z ip	Country	28] Zip	Countr		Trust Fund Contribution	Added to Fees	
24	25	29	30	'	Florida Statutes	for intangible tax under s 199 032, Yes X No	
	9. Name and Address of Curre				10. Name and Address of New		
INS	SURANCE COMMISSIONER		81	Name			
					Address (P.O. Box Number is Not Acceptable)		
TAI	LLAHASSEE FL 32304		83				
			ļ				
			84	City		FL 85 Zip Code	
office or r agent. Fa	to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was	authorized by	the corporal	poration submits this statement for the tion's board of directors. Thereby acc	e purpose of changing its registered cept the appointment as registered	
SIGNATURE	Signature typed or protect name of registered as		ÖTE Birgistered Ag	ent signature terp	iced when redistating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FFICERS AND DIRECTORS IN 12	
TITLE	S SINCE AND LAKE III	L DELETE	111111			Change Addition	
NAME SIMS, MICHAEL H.		•	1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	400 WEST MARKET STREET LOUISVILLE, KY 00000						
CITY-ST-ZIP TITLE	VT	DELETE	1 4 CITY - 1 2 1 TITLE	V.	ice President	Change Addition	
NAME	MARKS, JAMES A	<u> </u>	2.2 NAME	•	ice (ice	Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
STREET ADDRESS	680 4TH AVE		2 3 STRE€	LADDRESS			
CITY - ST - ZIP	LOUISVILLE, KY 00000		2 4 CITY -	ST-ZIP			
TITLE	VT	X DFLE1E	3 1 THTLE		easurer	Change 🔀 Additio	
NAME	MARCUCCILLI, J. BRINKE		3 2 NAME	ΙĘ	laine J. Robinson		
STREET ADDRESS	400 WEST MARKET				00 W. Market		
CITY - ST - ZIP	LOUISVILLE, KY 00000	MI nourse	3.4 CITY -	ST - ZIP	ovisville, KY 402	0 7	
TITLE	DPC ADDEAN LEE	⊠ DELETE	4.1 TITLE	\mathbb{R}	resident & Director obert S. Greer, Jr	Change 🔀 Addition	
NAME CIDEET ADDRESS	ADREAN, LEE 680 4TH AVE		4 2 NAME	Nonecce	180 Fourth Ave	•	
STREET ADDRESS CITY-ST-ZIP	LOUISVILLE, KY 00000		4.3 STREE 4.4 C(TY -)			<u> </u>	
TITLE	DV	DELETE	5 1 TITLE	T	breche	Change X Addition	
NAME	DAY, LARRY D	Y -7	5.2 NAME	Š	hailesh J. Mehta	_	
STREET ADDRESS	680 4TH AVE		53STREE	TADORESS 4	100 W. Market 5t	•	
CITY-S1-ZIP	LOUISVILLE, KY 00000		5.4 CiTy -			٠, ٢٥٠	
TITLE		DELETE	6 1 TITLE	D	irector_	Change Addition	
NAME			6.2 NAME	上	ring W. Bailey II	•	
\$TREET ADDRESS			6 3 STREE		oo w. Market		
CHTY - ST - ZiP			6 4 CITY -		ovisuille, Ky 402		
14. I do herel	by certify that the information suppli-	ed with this filing is voluntarily t	furnished and			on 119 07(3)(k). Florida Statutes I	

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 oally, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an officer on with an address

GNATURE:

SIGNATURE AND TYPED DA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

To be a secure of the exemption stated in Section 119 07(3)(k). Florida Statutes I further secure of the exemption stated in Section 119 07(3)(k). Florida Statutes I further secure of the exemption stated in Section 119 07(3)(k). Florida Statutes I further secure of the exemption stated in Section 119 07(3)(k). Florida Statutes I further secure of the exemption stated in Section 119 07(3)(k). Florida Statutes I further secure of the exemption stated in Section 119 07(3)(k). Florida Statutes I further secure of the exemption stated in Section 119 07(3)(k). Florida Statutes I further secure of the exemption stated in Section 119 07(3)(k). Florida Statutes I further secure of the exemption stated in Section 119 07(3)(k). Florida Statutes I further secure of the exemption stated in Section 119 07(3)(k). Florida Statutes I further secure of the exemption stated in Section 119 07(3)(k). Florida Statutes I further secure of the exemption stated in Section 119 07(3)(k). Florida Statutes I further secure of the exemption stated in Section 119 07(3)(k). Florida Statutes I further secure of the exemption stated in Section 119 07(3) (section 119 07(3)) (section 119

SIGNATURE: