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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **822259** **(8)**

1. Corporation Name
YOSEMITE INSURANCE COMPANY

Principal Place of Business	Mailing Address
601 N.W. SECOND ST EVANSVILLE IN 47708	601 N.W. SECOND ST EVANSVILLE IN 47708-1013

3. Date Incorporated or Qualified: 12/31/1968
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 94-1590201 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32304

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDCE	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	GEISSINGER, FREDERICK W		12 NAME		
STREET ADDRESS	601 NW 2ND STREET		13 STREET ADDRESS		
CITY-ST-ZIP	EVANSVILLE IN		14 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	21 TITLE	VD	☐ Change ☒ Addition
NAME	JERWERS, JAMES R.		22 NAME	POELKER, JOHN S.	
STREET ADDRESS	5250 S. VIRGINIA ST., SUITE 320		23 STREET ADDRESS	601 NW SECOND ST.	
CITY-ST-ZIP	RENO NV		24 CITY-ST-ZIP	EVANSVI	
TITLE	VD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	HANLEY, PHILIP M.		32 NAME		
STREET ADDRESS	601 NW SECOND STREET		33 STREET ADDRESS		
CITY-ST-ZIP	EVANSVILLE IN		34 CITY-ST-ZIP		
TITLE	SV	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	SMITH, GARY M.		42 NAME		
STREET ADDRESS	601 NW SECOND STREET		43 STREET ADDRESS		
CITY-ST-ZIP	EVANSVILLE IN		44 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	KLAHOLZ, LARRY R.		52 NAME		
STREET ADDRESS	601 NW SECOND STREET		53 STREET ADDRESS		
CITY-ST-ZIP	EVANSVILLE IN		54 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	61 TITLE	VD	☐ Change ☒ Addition
NAME	BAKER, WAYNE D.		62 NAME	HENDRIX, BENNIE D.	
STREET ADDRESS	601 N.W. 2ND ST.		63 STREET ADDRESS	601 NW SECOND ST.	
CITY-ST-ZIP	EVANSVILLE IN		64 CITY-ST-ZIP	EVANSVILLE, IN 47708	

CR2E034 (9/96)

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: [illegible] Gary M. Smith 4/23/97 (813)[illegible]