

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

FILED

Jan 28 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 # 826248 (7)  
1. Corporation Name  
STONEBRIDGE INSURANCE COMPANY

Principal Place of Business  
2700 W. PLANO PARKWAY  
PLANO TX 75075  
US

Mailing Address  
2700 WEST PLANO PKWY  
PLANO TX 75075-8205  
US



|  |   |
|--|---|
| 3. Date Incorporated or Qualified<br>05/26/1971  | 3a. Date of Last Report<br>02/05/1996                             |
| 4. FEI Number<br>74-2648800  | Applied For<br><input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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 |                       |  |
|----------------------------|-----------------------|--|
| TITLE                      | D                     | <input type="checkbox"/> DELETE            |
| NAME                       | SPURLOCK, TED L       |  |
| STREET ADDRESS             | 6501 LEGACY DR        |  |
| CITY-ST-ZIP                | PLANO TX              |  |
| TITLE                      | PD                    | <input type="checkbox"/> DELETE            |
| NAME                       | WILLIAMS, FRED A      |  |
| STREET ADDRESS             | 2700 W. PLANO PARKWAY |  |
| CITY-ST-ZIP                | PLANO TX              |  |
| TITLE                      | VS                    | <input checked="" type="checkbox"/> DELETE |
| NAME                       | NABOURS, LARRY A.     |  |
| STREET ADDRESS             | 2700 W. PLANO PARKWAY |  |
| CITY-ST-ZIP                | PLANO TX              |  |
| TITLE                      | D                     | <input checked="" type="checkbox"/> DELETE |
| NAME                       | NORTHAM, ROBERT E     |  |
| STREET ADDRESS             | 6501 LEGACY DR        |  |
| CITY-ST-ZIP                | PLANO TX              |  |
| TITLE                      | VT                    | <input checked="" type="checkbox"/> DELETE |
| NAME                       | FESPERMEN, JOHN E     |  |
| STREET ADDRESS             | 2700 W. PLANO PARKWAY |  |
| CITY-ST-ZIP                | PLANO TX              |  |
| TITLE                      | D                     | <input type="checkbox"/> DELETE            |
| NAME                       | LOTTER, CHARLES R     |  |
| STREET ADDRESS             | 6501 LEGACY DR        |  |
| CITY-ST-ZIP                | PLANO TX              |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                            |  |
|---|----------------------------|--|
| 1.1 TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME  |                            |  |
| 1.3 STREET ADDRESS                                    |                            |  |
| 1.4 CITY-ST-ZIP                                       |                            |  |
| 2.1 TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |                            |  |
| 2.3 STREET ADDRESS                                    |                            |  |
| 2.4 CITY-ST-ZIP                                       |                            |  |
| 3.1 TITLE   | Vice President & Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME  | Morris, Lynn Keith         |  |
| 3.3 STREET ADDRESS                                    | 2700 W. Plano Parkway      |  |
| 3.4 CITY-ST-ZIP                                       | Plano, TX 75075-8200       |  |
| 4.1 TITLE   | Director                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME  | McKay, Donald A.           |  |
| 4.3 STREET ADDRESS                                    | 6501 Legacy Dr.            |  |
| 4.4 CITY-ST-ZIP                                       | Plano, TX 75075            |  |
| 5.1 TITLE   | Sr. Vice Pres. & Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME  | Carter, Rodney (NMI)       |  |
| 5.3 STREET ADDRESS                                    | 2700 W. Plano Parkway      |  |
| 5.4 CITY-ST-ZIP                                       | Plano, TX 75075-8200       |  |
| 6.1 TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97 (972) 881-6460  
Date Daytime Phone #

CR2E034 (9/96)