


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

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90034 032 ***150.00

UP-41212

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 826248
 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 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 05/26/1971	Applied For Not Applicable
4. FEI Number 74-2648800	
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 checked="" type="checkbox"/> No	

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	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D and Chairman of the Board <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPURLOCK, TED L	1.2 NAME	Fesperman, John Eugene
STREET ADDRESS	6501 LEGACY DR	1.3 STREET ADDRESS	6501 Legacy Drive
CITY-ST-ZIP	PLANO TX	1.4 CITY-ST-ZIP	Plano, TX 75024-0007
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D and Vice-Chairman of the Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, FRED A	2.2 NAME	Williams, Fred Arnold
STREET ADDRESS	2700 W. PLANO PARKWAY	2.3 STREET ADDRESS	2700 W. Plano Parkway
CITY-ST-ZIP	PLANO TX	2.4 CITY-ST-ZIP	Plano, TX 75075-8200
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTTER, CHARLES R	3.2 NAME	
STREET ADDRESS	6501 LEGACY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	3.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMILLO, JOHN R	4.2 NAME	
STREET ADDRESS	2700 W PLANO PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75075	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D, Exec. V.P., Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Heise, Donald LaVerne
STREET ADDRESS		5.3 STREET ADDRESS	2700 W. Plano Parkway
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Plano, TX 75075-8200
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V and Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Gatewood, Walter Andrew
STREET ADDRESS		6.3 STREET ADDRESS	2700 W. Plano Parkway
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Plano, TX 75075-8200

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 empowered.

SIGNATURE: John R. Camillo John R. Camillo 1-20-99 (972) 881-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)