

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 26 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 830709

(2)

1. Corporation Name

ARISTAR INSURANCE COMPANY

Principal Place of Business

HIDDEN RIVER CORP. PARK  
8900 GRAND OAK CIRCLE  
TAMPA FL 33637  
US

Mailing Address

HIDDEN RIVER CORP. PARK  
8900 GRAND OAK CIRCLE  
TAMPA FL 33637  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/20/1973

3a. Date of Last Report

04/21/1994

4. FET Number

04-2275299

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304

81 Name

James R. Garner, Sr. VP/Secretary

82 Street Address (P.O. Box Number is Not Acceptable)

83 8900 Grand Oak Circle

84 City Tampa

FL

85 Zip Code 33637

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

*James R. Garner*

James R. Garner, Sr. VP/Secretary

4/20/95

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

GARNER, JAMES R  
8900 GRAND OAK CIRCLE  
TAMPA FL 33637-1050

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

BARE, JAMES A  
8900 GRAND OAK CIR  
TAMPA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

EVANS, WAYNE L  
8900 GRAND OAK CIR  
TAMPA FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

PAPPAS, MICHAEL M  
8900 GRAND OAK CIR  
TAMPA FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

CARROL, LEONARD V  
8900 GRAND OAK CIR  
TAMPA FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

COB

PAPPAS, MICHAEL M  
8900 GRAND OAK CIR  
TAMPA FL 33637

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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:

*James R. Garner*

James R. Garner, Sr. VP/Secretary 4/20/95 813/632-4559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

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