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FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/20/1973	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-2275299	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GARNER, JAMES R SR. CAPITOL BUILDING 8900 GRAND OAK CIRCLE TAMPA FL 33637		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 V S	1.1 TITLE	JAMES R. HILLSMAN
NAME	GARNER, JAMES R	1.2 NAME	8900 GRAND OAK CIRCLE
STREET ADDRESS	8900 GRAND OAK CIRCLE	1.3 STREET ADDRESS	TAMPA, FL 33637 33637
CITY-ST-ZIP	TAMPA FL 33637-1050	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BARE, JAMES A	2.2 NAME	
STREET ADDRESS	8900 GRAND OAK CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D V	3.1 TITLE	
NAME	EVANS, WAYNE L	3.2 NAME	
STREET ADDRESS	8900 GRAND OAK CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D Shigley, Henry F.
NAME	PAPPAS, MICHAEL M	4.2 NAME	8900 Grand Oak Circle
STREET ADDRESS	8900 GRAND OAK CIR	4.3 STREET ADDRESS	Tampa, FL 33637
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	AS
NAME	CARROL, LEONARD V	5.2 NAME	HAZEL A. BROTT
STREET ADDRESS	8900 GRAND OAK CIR	5.3 STREET ADDRESS	8900 GRAND OAK CIRCLE
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	TAMPA, FL 33637 33637
TITLE	COB	6.1 TITLE	
NAME	PAPPAS, MICHAEL M	6.2 NAME	
STREET ADDRESS	8900 GRAND OAK CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33637	6.4 CITY-ST-ZIP	

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.

SIGNATURE: Hazel A. Brott REHAZEL A. BROTT 1/21/98 813-632-4500

CR2E034 (10/97)