

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

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Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 835827 (7)

1. Corporation Name
BELK STORES MUTUAL INSURANCE COMPANY



Principal Place of Business 2801 W. TYVOLA ROAD CHARLOTTE NC 28217-4500 US	Mailing Address 2801 W TYVOLA RD. CHARLOTTE NC 28217-4525 US
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3. Date Incorporated or Qualified 02/24/1976	3a. Date of Last Report 01/30/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 56-0773500	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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9. Name and Address of Current Registered Agent

5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
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**INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL 32304**

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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10. Name and Address of New Registered Agent

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

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 _____
(NOTE: Registered Agent signature required when reinstating)

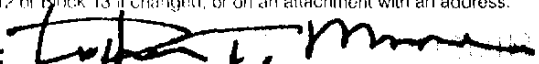
12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CANNON, DAVID BELK	
STREET ADDRESS	3121 GARDNER PARK DR	
CITY-ST-ZIP	GASTONIA, NC 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOORE, LUTHER T.	
STREET ADDRESS	2801 W TYVOLA RD	
CITY-ST-ZIP	CHARLOTTE, NC 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BELK, THOMAS M.	
STREET ADDRESS	2801 W TYVOLA RD	
CITY-ST-ZIP	CHARLOTTE, NC 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALLING, ESTON V.	
STREET ADDRESS	2801 W TYVOLA RD	
CITY-ST-ZIP	CHARLOTTE, NC 00000	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BELK, JOHN M.	
STREET ADDRESS	2801 W TYVOLA RD	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	138 BERRY MOUNTAIN ROAD
1.4 CITY-ST-ZIP	CRAMERTON NC 28032
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	28217-4500
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	AS/T/D BERRY, JAMES M.
3.3 STREET ADDRESS	2801 W. TYVOLA ROAD
3.4 CITY-ST-ZIP	CHARLOTTE NC 28217-4500
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SVP
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	28217-4500
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	28217-4500
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:  **Luther T. Moore** 3/24/97 704-357-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)