


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

FILED

**Feb 03 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 # 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 28217-4500 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 02/24/1976	
4. FEI Number 56-0773500	Applied For <input 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 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

**INSURANCE COMMISSIONER
CAPITOL BLDG.
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	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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, DAVID BELK	1.2 NAME	
STREET ADDRESS	138 BERRY MOUNTAIN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRAMERTON NC	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, LUTHER T.	2.2 NAME	Not a Director
STREET ADDRESS	2801 W TYVOLA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE, NC 00000	2.4 CITY-ST-ZIP	
TITLE	ASTD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, JAMES M	3.2 NAME	Not a Director
STREET ADDRESS	2801 W TYVOLA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	3.4 CITY-ST-ZIP	
TITLE	SVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLING, ESTON V.	4.2 NAME	
STREET ADDRESS	2801 W TYVOLA RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE, NC 00000	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELK, JOHN M.	5.2 NAME	
STREET ADDRESS	2801 W TYVOLA RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Not a Director
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Not a Director
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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.

CR2E034 (10/97)

Luther T. Moore 1/26/98 704-257-1000