FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:28

DOCUMENT # **836536** **(3)**

1. Corporation Name
FIDELITY SOUTHERN INSURANCE COMPANY

Principal Place of Business	Mailing Address
62 MAPLE AVE P O BOX 507 KEENE NH 03431	62 MAPLE AVE P O BOX 507 KEENE NH 03431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/16/1976**
3a. Date of Last Report: **05/11/1994**

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

4. FEI Number: **74-1276503** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

STATE 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BELL, RICHART T	12 NAME	
STREET ADDRESS	62 MAPLE AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	KEENE NH	14 CITY-ST-ZIP	
TITLE	CEOD	21 TITLE	☐ Change ☐ Addition
NAME	JEAN, ROGER L	22 NAME	
STREET ADDRESS	62 MAPLE AVE	23 STREET ADDRESS	
CITY-ST-ZIP	KEENE NH	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	PAGNOZZI, RICHARD D	32 NAME	
STREET ADDRESS	62 MAPLE AVE	33 STREET ADDRESS	
CITY-ST-ZIP	KEENE NH	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	☐ Change ☐ Addition
NAME	TRACEY, JOSEPH P	42 NAME	
STREET ADDRESS	62 MAPLE AVE	43 STREET ADDRESS	
CITY-ST-ZIP	KEENE NH	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	MCCAGUE, WILLIAM L II	52 NAME	
STREET ADDRESS	62 MAPLE AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	KEENE NH	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	FULWOOD, STEVEN A	62 NAME	
STREET ADDRESS	4600 PARK RD., STE. 500	63 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	64 CITY-ST-ZIP	

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 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: _____ Secretary/Treasurer 3/30/95 (603)352-3221
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Joseph P. Tracey

0473682 FP

83 6536

Fidelity Southern Insurance Company
62 Maple Avenue
Keene, NH 03431

Additional Officers/Directors Listing

Donald D. Cheek, Vice President
62 Maple Avenue
Keene, NH 03431

Geoffrey S. Molina, Vice President
62 Maple Avenue
Keene, NH 03431