

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

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

3. Date Incorporated or Qualified **06/16/1976** 3a. Date of Last Report **04/03/1995**  
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 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to 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 Signature of the principal place of business and the applicable (Initial Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS  
11.1 TITLE **PD**  DELETE  
11.2 NAME **BELL, RICHART T**  
11.3 STREET ADDRESS **62 MAPLE AVENUE**  
11.4 CITY-ST-ZIP **KEENE NH**  
11.5 TITLE **CEO**  DELETE  
11.6 NAME **JEAN, ROGER L**  
11.7 STREET ADDRESS **62 MAPLE AVE**  
11.8 CITY-ST-ZIP **KEENE NH**  
11.9 TITLE **VD**  DELETE  
11.10 NAME **PAGNOZZI, RICHARD D**  
11.11 STREET ADDRESS **62 MAPLE AVE**  
11.12 CITY-ST-ZIP **KEENE NH**  
11.13 TITLE **STD**  DELETE  
11.14 NAME **TRACEY, JOSEPH P**  
11.15 STREET ADDRESS **62 MAPLE AVE**  
11.16 CITY-ST-ZIP **KEENE NH**  
11.17 TITLE **VD**  DELETE  
11.18 NAME **MCCAGUE, WILLIAM L II**  
11.19 STREET ADDRESS **62 MAPLE AVENUE**  
11.20 CITY-ST-ZIP **KEENE NH**  
11.21 TITLE **VD**  DELETE  
11.22 NAME **FULWOOD, STEVEN A**  
11.23 STREET ADDRESS **4600 PARK RD., STE. 500**  
11.24 CITY-ST-ZIP **CHARLOTTE NC**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
12.1 TITLE  Change  Addition  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY-ST-ZIP  
12.5 TITLE  Change  Addition  
12.6 NAME  
12.7 STREET ADDRESS  
12.8 CITY-ST-ZIP  
12.9 TITLE  Change  Addition  
12.10 NAME  
12.11 STREET ADDRESS  
12.12 CITY-ST-ZIP  
12.13 TITLE  Change  Addition  
12.14 NAME  
12.15 STREET ADDRESS  
12.16 CITY-ST-ZIP  
12.17 TITLE  Change  Addition  
12.18 NAME  
12.19 STREET ADDRESS  
12.20 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)(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. But 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 *Joseph P. Tracey* **Joseph P. Tracey** 2/2/96 (603) 352-3221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)