

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 845418 (3)

1. Corporation Name

REPUBLIC WESTERN INSURANCE COMPANY



Principal Place of Business

2721 NORTH CENTRAL
PHOENIX AZ 85004

Mailing Address

2721 NORTH CENTRAL
PHOENIX AZ 85004

3. Date Incorporated or Qualified 03/06/1980	3a. Date of Last Report 03/07/1995
4. FEI Number 86-0274508	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32301

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

Signature typed or printed name of registered agent and board of directors

(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	VD
NAME	HAYDUKOVICH, MARK A.	1.2 NAME	EARDLEY, MARGARET M.
STREET ADDRESS	2721 N. CENTRAL AVE.	1.3 STREET ADDRESS	2721 N. CENTRAL AVE.
CITY-STATE-ZIP	PHOENIX AZ	1.4 CITY-STATE-ZIP	PHOENIX, AZ 85004
TITLE	VD	2.1 TITLE	V
NAME	MCCARTHY, JAMES M.	2.2 NAME	TAYLOR, KENNETH J.
STREET ADDRESS	2721 NORTH CENTRAL	2.3 STREET ADDRESS	2721 N. CENTRAL AVE.
CITY-STATE-ZIP	PHOENIX, AZ 00000	2.4 CITY-STATE-ZIP	PHOENIX, AZ 85004
TITLE	VD	3.1 TITLE	V
NAME	ROBERTS, FRANK L	3.2 NAME	THAPA, TIKA P.
STREET ADDRESS	2721 NORTH CENTRAL	3.3 STREET ADDRESS	2721 N. CENTRAL AVE.
CITY-STATE-ZIP	PHOENIX, AZ 00000	3.4 CITY-STATE-ZIP	PHOENIX, AZ 85004
TITLE	SD	4.1 TITLE	
NAME	LORENTZ, JOHN A	4.2 NAME	
STREET ADDRESS	2721 NORTH CENTRAL	4.3 STREET ADDRESS	
CITY-STATE-ZIP	PHOENIX, AZ 00000	4.4 CITY-STATE-ZIP	
TITLE	VDD	5.1 TITLE	
NAME	NEWMAN, BRADLEY P.	5.2 NAME	
STREET ADDRESS	2721 NORTH CENTRAL	5.3 STREET ADDRESS	
CITY-STATE-ZIP	PHOENIX AZ	5.4 CITY-STATE-ZIP	
TITLE	PD	6.1 TITLE	
NAME	MARTIN, HENRY E.	6.2 NAME	
STREET ADDRESS	2721 N. CENTRAL	6.3 STREET ADDRESS	
CITY-STATE-ZIP	PHOENIX AZ	6.4 CITY-STATE-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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96 (602) 263-6755

Date

Daytime Phone #

CR2E034 (12/95)