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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 85004-1121

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/06/1980		3a. Date of Last Report 03/06/1996	
21		26		4. FEI Number 86-0274508		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's 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	Thapa, Tika P.
STREET ADDRESS	2721 N. CENTRAL AVE.	1.3 STREET ADDRESS	2721 North Central Avenue
CITY-ST-ZIP	PHOENIX AZ	1.4 CITY-ST-ZIP	Phoenix, AZ 85004
TITLE	VD	2.1 TITLE	D
NAME	MCCARTHY, JAMES M.	2.2 NAME	Brockhagen, Bruce G.
STREET ADDRESS	2721 NORTH CENTRAL	2.3 STREET ADDRESS	2721 North Central Avenue
CITY-ST-ZIP	PHOENIX, AZ 00000	2.4 CITY-ST-ZIP	Phoenix, AZ 85004
TITLE	VD	3.1 TITLE	
NAME	EARDLEY, MARGARET M.	3.2 NAME	
STREET ADDRESS	2721 N CENTRAL AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	LORENTZ, JOHN A	4.2 NAME	
STREET ADDRESS	2721 NORTH CENTRAL	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX, AZ 00000	4.4 CITY-ST-ZIP	
TITLE	VDD	5.1 TITLE	
NAME	NEWMAN, BRADLEY P.	5.2 NAME	
STREET ADDRESS	2721 NORTH CENTRAL	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	MARTIN, HENRY E.	6.2 NAME	
STREET ADDRESS	2721 N. CENTRAL	6.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	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: *Margaret Eardley* Vice President

April 28, 1997 (602)263-6936

CR2E034 (9/96)