

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

**FILED**  
**Apr 30 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 # 846027 (1)**  
 1. Corporation Name  
**CITIZENS INSURANCE COMPANY OF AMERICA**



Principal Place of Business  
**400 E ANDERSON LANE  
 AUSTIN TX 78752  
 US**

Mailing Address  
**PO BOX 149151  
 AUSTIN TX 78714-9151  
 US**

|                                |  |                        |  |  |   |
|--------------------------------|--|------------------------|--|--|---|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified  | 3a. Date of Last Report                                 |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 05/19/1980   | 04/17/1996  |
| 22 City & State                |  | 27 City & State        |  | 4. FLI Number  | Applied For   |
| 23 Zip                         |  | 28 Zip                 |  | 84-0583103   | Not Applicable  |
| 24 Country                     |  | 30 Country             |  | 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 |   |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent  |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| <b>STATE INSURANCE COMMISSIONER OF FLORIDA<br/>                 THE CAPITOL BUILDING<br/>                 TALLAHASSEE FL 32301</b> |  |  |  | 81 Name   |  |  |  |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|  |  |  |  | 83  |  |  |  |
|  |  |  |  | 84 City   |  |  |  |

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 re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |  |
|----------------------------|------------------------|--|---|---------------------------------|--|
| TITLE                      | VD                     | <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition  |
| NAME                       | DOLLAR, ROBY           |  | 1.2 NAME  |                                 |  |
| STREET ADDRESS             | 400 EAST ANDERSON LANE |  | 1.3 STREET ADDRESS                                    |                                 |  |
| CITY-ST-ZIP                | AUSTIN TX              |  | 1.4 CITY-ST-ZIP                                       |                                 |  |
| TITLE                      | CD                     | <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition  |
| NAME                       | RILEY, HAROLD          |  | 2.2 NAME  |                                 |  |
| STREET ADDRESS             | 400 EAST ANDERSON LANE |  | 2.3 STREET ADDRESS                                    |                                 |  |
| CITY-ST-ZIP                | AUSTIN TX              |  | 2.4 CITY-ST-ZIP                                       |                                 |  |
| TITLE                      | VD                     | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition  |
| NAME                       | RILEY, RICK D          |  | 3.2 NAME  |                                 |  |
| STREET ADDRESS             | 400 EAST ANDERSON LANE |  | 3.3 STREET ADDRESS                                    |                                 |  |
| CITY-ST-ZIP                | AUSTIN TX              |  | 3.4 CITY-ST-ZIP                                       |                                 |  |
| TITLE                      | VSTD                   | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition  |
| NAME                       | OLIVER, MARK A         |  | 4.2 NAME  |                                 |  |
| STREET ADDRESS             | 400 EAST ANDERSON LANE |  | 4.3 STREET ADDRESS                                    |                                 |  |
| CITY-ST-ZIP                | AUSTIN TX              |  | 4.4 CITY-ST-ZIP                                       |                                 |  |
| TITLE                      | V                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition  |
| NAME                       | MORRIS, SARAH          |  | 5.2 NAME  |                                 |  |
| STREET ADDRESS             | 400 EAST ANDERSON LANE |  | 5.3 STREET ADDRESS                                    |                                 |  |
| CITY-ST-ZIP                | AUSTIN TX              |  | 5.4 CITY-ST-ZIP                                       |                                 |  |
| TITLE                      | V                      | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE   | Vice President & Treasurer      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | TEMPLETON, JOHN        |  | 6.2 NAME  | William P. Barnhill             |  |
| STREET ADDRESS             | 400 EAST ANDERSON LANE |  | 6.3 STREET ADDRESS                                    | 400 E. Anderson Lane            |  |
| CITY-ST-ZIP                | AUSTIN TX              |  | 6.4 CITY-ST-ZIP                                       | Austin, TX                      |  |

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 *William P. Barnhill* (519) 227-5100

CR2E034 (9/96)