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

APPROVED AND FILED

95 MAY -1 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **846474** **(5)**

1. Corporate Name
CORONET INSURANCE COMPANY

Principal Place of Business
205 SOUTH HOOVER BLVD.
SUITE 105
TAMPA FL 33609

Mailing Address
205 SOUTH HOOVER BLVD.
SUITE 105
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/14/1980	04/27/1994

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

4. FEI Number **36-2512064** ☐ 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 elected to be taxed as an "electing small business corporation" under Subchapter S of the Internal Revenue Code and Section 220.03(1)(s), Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLORIDA STATE INSURANCE COMMISSIONER **THE 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 Section(s) 607.0502 and 607.1608, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE(S)
(If changing Registered Office) (Registered Agent's signature required) (If changing Registered Agent, Registered Agent's signature required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☐ Change ☐ Addition
12 NAME	FRIEDMAN, HOWARD	12 NAME	
13 STREET ADDRESS	3500 W. PETERSON	13 STREET ADDRESS	
14 CITY ST ZIP	CHICAGO IL	14 CITY ST ZIP	
21 TITLE	ST	21 TITLE	☐ Change ☐ Addition
22 NAME	REISS, MARK C	22 NAME	
23 STREET ADDRESS	3500 W PETERSON AVE	23 STREET ADDRESS	
24 CITY ST ZIP	CHICAGO IL	24 CITY ST ZIP	
31 TITLE	PD	31 TITLE	☐ Change ☐ Addition
32 NAME	MORTENSON, LEE NEWELL	32 NAME	
33 STREET ADDRESS	3500 W PETERSON AVE	33 STREET ADDRESS	
34 CITY ST ZIP	CHICAGO IL	34 CITY ST ZIP	
41 TITLE	V	41 TITLE	☐ Change ☐ Addition
42 NAME	SISSON, EVERETT M	42 NAME	
43 STREET ADDRESS	3500 W PETERSON AVE	43 STREET ADDRESS	
44 CITY ST ZIP	CHICAGO IL	44 CITY ST ZIP	
51 TITLE	D	51 TITLE	☐ Change ☐ Addition
52 NAME	ENGLE, CLYDE W	52 NAME	
53 STREET ADDRESS	3500 W PETERSON AVE	53 STREET ADDRESS	
54 CITY ST ZIP	CHICAGO IL	54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely 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 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 with an address, with an attachment with an address.

SIGNATURE: Mark C. Reiss MARK C. REISS 4/25/95 312/539-8283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0293400 CP