

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **846740** (9)
1. Corporation Name
CREDIT GENERAL INSURANCE COMPANY

Principal Place of Business 3201 ENTERPRISE PARKWAY SUITE 310 BEACHWOOD OH 44122	Mailing Address C/O CAROL L. GASPER 3201 ENTERPRISE PARKWAY, #490 BEACHWOOD OH 44122
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/15/1980	
4. FEI Number 34-0960104	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	27. City & State	28. City & State
23. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIA, ROBERT J	1.2 NAME	
STREET ADDRESS	24 COUNTRY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEPPER PIKE OH 44124	1.4 CITY-ST-ZIP	PEPPER PIKE, OH 44124
TITLE	VAS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTAGLIA, LEWIS V	2.2 NAME	
STREET ADDRESS	4338 WEST ANDERSON ROAD	2.3 STREET ADDRESS	2785 LORETO DRIVE
CITY-ST-ZIP	SOUTH EUCLID OH 44121	2.4 CITY-ST-ZIP	WILLOUGHBY, OH 44094
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAXON, MICHAEL J	3.2 NAME	
STREET ADDRESS	1063 BERWIN STREET	3.3 STREET ADDRESS	514 BROOKSTONE COURT
CITY-ST-ZIP	AKRON OH	3.4 CITY-ST-ZIP	TOPEL, OH 44321
TITLE	VAS	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIS, PAUL E	4.2 NAME	JOHN BOYKO
STREET ADDRESS	1257 DEEPWOOD DRIVE	4.3 STREET ADDRESS	1012 ORCHARD LANE
CITY-ST-ZIP	MACEDONIA OH 44056	4.4 CITY-ST-ZIP	BROADVIEW HEIGHTS, OH 44147
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAZEKASH, GREGORY A	5.2 NAME	
STREET ADDRESS	1270 HUNTING HOLLOW DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON OH 44236	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	SECRETARY, DIRECTOR
STREET ADDRESS		6.3 STREET ADDRESS	BARRY W. MOSES
CITY-ST-ZIP		6.4 CITY-ST-ZIP	3330 GRENWAY
			SHAKER HEIGHTS, OH 44122

14. I 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:

[Signature]

1/16/98

216-831-7500

CR2E034 (10/97)