

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

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 846740 (9)**

1. Corporation Name  
**CREDIT GENERAL INSURANCE COMPANY**



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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>08/15/1980</b>	4. FEI Number <b>34-0960104</b>	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23. Zip	28. Zip	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		
24. Country	29. Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>FLORIDA STATE INSURANCE COMMISSIONER                  CAPITOL BUILDING                  TALLAHASSEE FL 32301</b>		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83.		
		84. City	<b>FL</b>	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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUCIA, ROBERT J</b>	1.2 NAME	
STREET ADDRESS	<b>24 COUNTRY LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PAPPER PIKE OH 44124</b>	1.4 CITY-ST-ZIP	<b>PEPPER PIKE, OH 44124</b>
TITLE	<b>VAS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATTAGLIA, LEWIS V</b>	2.2 NAME	
STREET ADDRESS	<b>4838 WEST ANDERSON ROAD</b>	2.3 STREET ADDRESS	<b>2785 LORETO DRIVE</b>
CITY-ST-ZIP	<b>SOUTH EUCLID OH 44121</b>	2.4 CITY-ST-ZIP	<b>WILLOUGHBY, OH 44094</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAXON, MICHAEL J</b>	3.2 NAME	
STREET ADDRESS	<b>1063 BERWIN STREET</b>	3.3 STREET ADDRESS	<b>514 BROOKSTONE COURT</b>
CITY-ST-ZIP	<b>AKRON OH</b>	3.4 CITY-ST-ZIP	<b>TOPLEY, OH 44321</b>
TITLE	<b>VAS</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELLIS, PAUL E</b>	4.2 NAME	<b>SVP, CFO, T, D</b>
STREET ADDRESS	<b>1257 DEEPWOOD DRIVE</b>	4.3 STREET ADDRESS	<b>JOHN BOYKO</b>
CITY-ST-ZIP	<b>MACEDONIA OH 44056</b>	4.4 CITY-ST-ZIP	<b>1012 ORCHARD LANE</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAZEKASH, GREGORY A</b>	5.2 NAME	
STREET ADDRESS	<b>1270 HUNTING HOLLOW DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON OH 44236</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>SECRETARY, DIRECTOR</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>BARRY W. MOSES</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>3330 GRENWAY</b>
			<b>SHAKER HEIGHTS, OH 44122</b>

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 as an attachment with an address.

SIGNATURE: *[Signature]* 1/16/1998 216-831-7500

CR2E034 (10/97)