


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

FILED

May 01 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 # 848086 (5) 1. Corporation Name STATE CAPITAL INSURANCE COMPANY					
Principal Place of Business 4011 W CHASE BLVD P O BOX 27257 RALEIGH NC 27611			Mailing Address 4011 W CHASE BLVD P O BOX 27257 RALEIGH NC 27611-7257		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/28/1981 3a. Date of Last Report 05/01/1996 4. FEI Number 56-0577584 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 INSURANCE COMMISSIONER THE CAPITOL BLDG. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANDISH, DENNIS M.		1.2 NAME	HOWARD C. MILLER	
STREET ADDRESS	336 WINDY RUN DRIVE		1.3 STREET ADDRESS	18650 W. CORPORATE DRIVE	
CITY-ST-ZIP	DOYLESTOWN PA		1.4 CITY-ST-ZIP	BROOKFIELD, WI 53045-6344	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIBBLEHOUSE, STEPHEN L		2.2 NAME		
STREET ADDRESS	220 MARTINS WAY		2.3 STREET ADDRESS	1000 LENOX DRIVE	
CITY-ST-ZIP	MT LAUREL NJ		2.4 CITY-ST-ZIP	LAWRENCEVILLE, NJ 08648-0426	
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRICK, BRUCE W		3.2 NAME		
STREET ADDRESS	1488 BUCK CREEK DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	YARDLEY PA		3.4 CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIK, GUSTAV		4.2 NAME		
STREET ADDRESS	3900 CITY D OAKS WYND		4.3 STREET ADDRESS	4011 WESTCHASE BLVD.	
CITY-ST-ZIP	RALEIGH NC		4.4 CITY-ST-ZIP	RALEIGH, NC 27607	
TITLE	DV	<input type="checkbox"/> DELETE	5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, STEPHEN J		5.2 NAME		
STREET ADDRESS	7255 S HIGHLAND AVE		5.3 STREET ADDRESS	1000 LENOX DRIVE	
CITY-ST-ZIP	MERION PA		5.4 CITY-ST-ZIP	LAWRENCEVILLE, NJ 08648-0426	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	DSC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	ALEXANDER M. VIK	
STREET ADDRESS			6.3 STREET ADDRESS	4011 WESTCHASE BLVD.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	RALEIGH, NC 27607	
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: <i>Howard C. Miller</i> 4/18/97 714-792-3020 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)