

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 2:49

DOCUMENT # 853515 (5)

1. Corporation Name
AMERICAN RELIABLE INSURANCE COMPANY

Principal Place of Business	Mailing Address
8655 E. VIA DE VENTURA SCOTTSDALE AZ 85258 US	8655 E. VIA DE VENTURA SCOTTSDALE AZ 85258 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/19/1982	3a. Date of Last Report 03/04/1994
4. FEI Number 41-0735002	Applied For 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
STATE CAPITOL
TALLAHASSEE FL 32301

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	C
NAME	GASTON, GERALD G.
STREET ADDRESS	11222 QUAIL ROOST DR.
CITY- ST- ZIP	MIAMI FL
TITLE	SV
NAME	CAMA, CHRISTINA B
STREET ADDRESS	8655 E. VIA DE VENTURA
CITY- ST- ZIP	SCOTTSDALE AZ
TITLE	V
NAME	WILLIAMS, MARY
STREET ADDRESS	8655 E. VIA DE VENTURA
CITY- ST- ZIP	SCOTTSDALE AZ
TITLE	D
NAME	PAISANT, OREN, JR.
STREET ADDRESS	8655 E. VIA DE VENTURA
CITY- ST- ZIP	SCOTTSDALE AZ
TITLE	VT
NAME	ARKFELD, FRANK J
STREET ADDRESS	8655 E. VIA DE VENTURA
CITY- ST- ZIP	SCOTTSDALE AZ
TITLE	V
NAME	MITCHELL, EDWARD J
STREET ADDRESS	8655 E. VIA DE VENTURA
CITY- ST- ZIP	SCOTTSDALE AZ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

← Please "Delete" Oren Paisant, Jr. Is Deceased

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if my name has not been changed.

SIGNATURE: *Frank Arkfeld* Frank J. Arkfeld 2/1/95 (602) 483-8666