

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **853515** (5)

1. Corporation Name

AMERICAN RELIABLE INSURANCE COMPANY



Principal Place of Business

8655 E. VIA DE VENTURA
SCOTTSDALE AZ 85258
US

Mailing Address

8655 E. VIA DE VENTURA
SCOTTSDALE AZ 85258
US

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 30

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
STATE CAPITOL
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 Sections 607.0502 and 607.1305, 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. Thereby accept the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Name of the person who signed this statement

Date of Signature

Date

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	GASTON, GERALD G.	
STREET ADDRESS	11222 QUAIL ROOST DR.	
CITY-STATE-ZIP	MIAMI FL 33157-6596	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	CAMA, CHRISTINA B	
STREET ADDRESS	8655 E. VIA DE VENTURA	
CITY-STATE-ZIP	SCOTTSDALE AZ 85258	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLIAMS, MARY	
STREET ADDRESS	8655 E. VIA DE VENTURA	
CITY-STATE-ZIP	SCOTTSDALE AZ 85258	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	ARKFELD, FRANK J	
STREET ADDRESS	8655 E. VIA DE VENTURA	
CITY-STATE-ZIP	SCOTTSDALE AZ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, EDWARD J	
STREET ADDRESS	8655 E. VIA DE VENTURA	
CITY-STATE-ZIP	SCOTTSDALE AZ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.01 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.02 NAME	P/O EUGENE ELMER BECKER	
13.03 STREET ADDRESS	11222 Quail Roost Dr.	
13.04 CITY-STATE-ZIP	Miami, FL 33157-6596	
13.05 TITLE	V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.06 NAME	PHILLIP RAYMOND LEVY	
13.07 STREET ADDRESS	8655 E. Via De Ventura	
13.08 CITY-STATE-ZIP	Scottsdale, AZ 85258	
13.09 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.10 NAME	Robert FORD HILL	
13.11 STREET ADDRESS	8655 E. Via De Ventura	
13.12 CITY-STATE-ZIP	Scottsdale, AZ 85258	
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-STATE-ZIP		
13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied on this filing is voluntarily furnished. I 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 comparable 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 attached sheet with an affidavit.

SIGNATURE:

Robert Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Hill

3/13/96 (602) 483-8666

CR2E034 (12/95)