

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 85258-3300 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 07/19/1982	3a. Date of Last Report 03/20/1996
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	

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
 STATE CAPITOL
 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
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BECKER, EUGENE ELMER	
STREET ADDRESS	11222 QUAIL ROAST DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	CAMA, CHRISTINA B	
STREET ADDRESS	8655 E. VIA DE VENTURA	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLIAMS, MARY	
STREET ADDRESS	8655 E. VIA DE VENTURA	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	LEVY, PHILLIP	
STREET ADDRESS	8655 E VIA DE VENTURA	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HILL, ROBERT FORD	
STREET ADDRESS	8655 E. VIA DE VENTURA	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PETERSEN, BRUCE ARNOLD	
1.3 STREET ADDRESS	8655 E. VIA DE VENTURA	
1.4 CITY-ST-ZIP	SCOTTSDALE, AZ 85258	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ANELLO, DIANNE	
5.3 STREET ADDRESS	8655 E. VIA DE VENTURA	
5.4 CITY-ST-ZIP	SCOTTSDALE, AZ 85258	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 4/16/97 (602) 482-8666

CR2E034 (9/96)