


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

FILED  
May 14 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
<b>DOCUMENT # 858047 (4)</b>		
1. Corporation Name <b>FRONTIER INSURANCE COMPANY</b>		



Principal Place of Business <b>195 LAKE LOUISE MARIE RD. P O BOX 5018 ROCK HILL NY 12775 US</b>	Mailing Address <b>195 LAKE LOUISE MARIE RD. P O BOX 5018 ROCK HILL NY 12775 US</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>10/10/1983</b>	
21		26		4. FEI Number <b>13-2559805</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country		
29	Zip	30	Country		

9. Name and Address of Current Registered Agent <b>JORDAN, HILDA 4373 LAKE WOODBOURNE ST. JACKSONVILLE FL 32217</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RHULEN, WALTER A.			1.2 NAME			
STREET ADDRESS	195 LAKE LOUISE MARIE RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	ROCK HILL NY			1.4 CITY-ST-ZIP			
TITLE	TVD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MSHLER, MARK H			2.2 NAME			
STREET ADDRESS	195 LAKE LOUISE MARIE RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	ROCK HILL NY			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RHULEN, PETER L.			3.2 NAME			
STREET ADDRESS	195 LAKE LOUISE MARIE RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ROCK HILL NY			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TEPPER, MARVIN L.			4.2 NAME			
STREET ADDRESS	195 LAKE LOUISE MARIE RD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ROCK HILL NY			4.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKOVITS, R. LINDA			5.2 NAME			
STREET ADDRESS	195 LAKE LOUISE MARIE RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	ROCK HILL NY			5.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		6.1 TITLE	P/D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RHULEN, HARRY W			6.2 NAME			
STREET ADDRESS	195 LAKE LOUISE MANE RD			6.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKHILL NY			6.4 CITY-ST-ZIP			

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 on an attachment with an address.

CR2E034 (10/97)