

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 858047 (4)

1. Corporation Name
FRONTIER INSURANCE COMPANY



Principal Place of Business 195 LAKE LOUISE MARIE RD. P O BOX 5018 ROCK HILL NY 12775 US	Mailing Address 195 LAKE LOUISE MARIE RD. P O BOX 5018 ROCK HILL NY 12775 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

3. Date Incorporated or Qualified 10/10/1983	
4. FEI Number 13-2559805	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JORDAN, HILDA
 4373 LAKE WOODBOURNE ST.
 JACKSONVILLE FL 32217**

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

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	RHULEN, WALTER A.	
STREET ADDRESS	195 LAKE LOUISE MARIE RD.	
CITY-ST-ZIP	ROCK HILL NY	
TITLE	TVD	<input type="checkbox"/> DELETE
NAME	MISHLER, MARK H	
STREET ADDRESS	195 LAKE LOUISE MARIE RD	
CITY-ST-ZIP	ROCK HILL NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RHULEN, PETER L.	
STREET ADDRESS	195 LAKE LOUISE MARIE RD.	
CITY-ST-ZIP	ROCK HILL NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEPPER, MARVIN L.	
STREET ADDRESS	195 LAKE LOUISE MARIE RD.	
CITY-ST-ZIP	ROCK HILL NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MARKOVITS, R. LINDA	
STREET ADDRESS	195 LAKE LOUISE MARIE RD.	
CITY-ST-ZIP	ROCK HILL NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RHULEN, HARRY W	
STREET ADDRESS	195 LAKE LOUISE MANE RD	
CITY-ST-ZIP	ROCKHILL NY	

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 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 checked="" type="checkbox"/> Addition
6.2 NAME	P/D/C
6.3 STREET ADDRESS	
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(9)(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 _____ DATE _____

CR2E034 (10/97)