FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 25 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001807 (7)

1. Corporation Name
CUMBERLAND SURETY INSURANCE COMPANY, INC.

Principal Place of Business	Mailing Address
367 WEST SHORT STREET LEXINGTON KY 40507-1203	367 WEST SHORT STREET LEXINGTON KY 40507-1203

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/12/1993
3a. Date of Last Report: 04/27/1994

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

4. FEI Number: 61-1077454 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	1.1 TITLE	V	☒ Change ☐ Addition
NAME	GREER, PERRY L	1.2 NAME	Greer, Perry L.	
STREET ADDRESS	1538 FERGUSON ROAD	1.3 STREET ADDRESS	1538 Ferguson Road	
CITY-ST-ZIP	PARIS KY 40511	1.4 CITY-ST-ZIP	Paris, Ky 40511	
TITLE	VS	2.1 TITLE	CP	☒ Change ☐ Addition
NAME	PATTERSON, WILLIAM S	2.2 NAME	Patterson, William S.	
STREET ADDRESS	407 COUNTRY LANE	2.3 STREET ADDRESS	407 Country Lane	
CITY-ST-ZIP	FRANKFORT KY	2.4 CITY-ST-ZIP	Frankfort, Ky 40601	
TITLE	DT	3.1 TITLE		☐ Change ☐ Addition
NAME	RADWAN, NELSON A	3.2 NAME		
STREET ADDRESS	535 WEST SECOND STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY 40508	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BOONE, HILARY J III	4.2 NAME		
STREET ADDRESS	1725 WALNUT HILL ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY 40512	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	HERBERT, CRAIG H	5.2 NAME		
STREET ADDRESS	1261 COLONIAL DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY 40504	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, WILLIAM L	6.2 NAME		
STREET ADDRESS	240 FARMBROOK CIRCLE	6.3 STREET ADDRESS		
CITY-ST-ZIP	FRANKFORT KY 40601	6.4 CITY-ST-ZIP		

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)(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: [signature] WILLIAM S. PATTERSON 1/12/95 800-767-8822
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476174 FP