

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/12/1993

3a. Date of Last Report

01/25/1995

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

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

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

Signature typed or printed name of registered agent and location of office

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	GREER, PERRY L	
STREET ADDRESS	1538 FERGUSON ROAD	
CITY - ST - ZIP	PARIS KY	
TITLE	CP	<input type="checkbox"/> DELETE
NAME	PATTERSON, WILLIAM S	
STREET ADDRESS	407 COUNTRY LANE	
CITY - ST - ZIP	FRANKFORT KY	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RADWAN, NELSON A	
STREET ADDRESS	535 WEST SECOND STREET	
CITY - ST - ZIP	LEXINGTON KY 40508	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOONE, HILARY J III	
STREET ADDRESS	1725 WALNUT HILL ROAD	
CITY - ST - ZIP	LEXINGTON KY 40512	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HERBERT, CRAIG H	
STREET ADDRESS	1261 COLONIAL DRIVE	
CITY - ST - ZIP	LEXINGTON KY 40504	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ADAMS, WILLIAM L	
STREET ADDRESS	240 FARMBROOK CIRCLE	
CITY - ST - ZIP	FRANKFORT KY 40601	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 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 is voluntarily furnished 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Theodore Stalick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theodore Stalick

6/7/96
Date

800 767-8622
Daytime Phone #

CR2E034 (3/96)