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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # F9300001968 (7)

EMPLOYER'S UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX B DECATUR AL 35602-9002	P.O. BOX B DECATUR AL 35602-9002

FILED Jan 28 1997 8:00am Secretary of State



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Trust Fund Contribution Added to Fe Z.p Country 7/p Country 8. This corporation has liability for intangible tax under s. 199 24 25 29 30 10 Florida Statutes Ves No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300 81 Name Street Address (P.O. Box Number is Not Acceptable) 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 regolifice 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 registagent I am familiar with, and accept the obligators of, Section 607.0505, Florida Statutes. SIGNATURE Signature type and the colored and title if agricultie. (NOTE Registered Agent signature required when reinstaling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE NAME NABORS, ROEL	oss. 032,
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	Addition
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STREET ADDRESS 1423 MODAUS ROAD SW 1.3 STREET ADDRESS	ļ
CITY-S1-7IP DECATUR AL 35603 1.4 CITY-S1-ZIP	Į.
	Addition
NAME NABORS, JONATHAN 22 NAME	
STREET ADDRESS 822 COOKS ROAD 23 STREET ADDRESS	
CITY-ST-ZIP MT. JULIET TN 37122 2 4 CITY-ST-ZIP	
	Addition
NAME BYARS, MELISSA 32 NAME	
STREET ACCINESS 1215-A BROOKLINE AVENUE SW 33 STREET ADDRESS	
CITY-ST-7IP DECATUR AL 34.CITY-ST-7IP	
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CODMINI CINIDA	
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CITY-ST-ZIP MOULTON-AL- HILLSboro, AL 3643 44 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Change	Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY ST ZIP 5.4 CITY-ST-ZIP	
	Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
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	

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 if changed, or on an attachment with an address.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-8-97 (206) 974-3914