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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:46

DOCUMENT # F93000003329 (0)

1. Corporation Name
WINSTON INSURANCE COMPANY

Principal Place of Business	Mailing Address
C/O KERR, IRVINE, RHODES & ABLES 201 ROBERT S. KERR AVENUE OKLAHOMA CITY OK 73102	C/O KERR, IRVINE, RHODES & ABLES 201 ROBERT S. KERR AVENUE OKLAHOMA CITY OK 73102

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/20/1993	3a. Date of Last Report: 03/11/1994
4. FEI Number: 13-3352324	☐ 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	

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

9. Name and Address of Current Registered Agent

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 executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MILO, RALPH	12 NAME	
STREET ADDRESS	599 LEXINGTON AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	LABELL, JOSEPH S	22 NAME	
STREET ADDRESS	599 LEXINGTON AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	HILDNER, CARL J	32 NAME	
STREET ADDRESS	599 LEXINGTON AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	ABLES, J. ANGELA	42 NAME	
STREET ADDRESS	201 ROBERT S. KERR AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK 73102	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ATKINS, ROBERT L	52 NAME	
STREET ADDRESS	1545 RAYMOND DIEHL ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32317	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ROCHE, WILLIAM E	62 NAME	
STREET ADDRESS	599 LEXINGTON AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	64 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: _____ 2/3/95 _____ 212-836-1700
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478491 FP