

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000005390 (0)**

1. Corporation Name

CONSUMER CREDIT INSURANCE ASSOCIATION INCORPORATED



Principal Place of Business	Mailing Address
542 SOUTH DEARBORN STREET SUITE 400 CHICAGO IL 60605	542 SOUTH DEARBORN STREET SUITE 400 CHICAGO IL 60605-1599

3. Date Incorporated or Qualified 11/29/1993	3a. Date of Last Report 02/07/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 36-2192335	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**RUNKLE, WALTER D
3129 BUTLER BAY DRIVE NORTH
WINDERMERE FL 34786**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	DIMAGGIO, DENNIS
STREET ADDRESS	11222 QUAIL ROOST DRIVE
CITY-ST-ZIP	MIAMI FL 33157
TITLE	VT <input type="checkbox"/> DELETE
NAME	BURFEIND, WILLIAM F
STREET ADDRESS	542 SOUTH DEARBORN STREET, SUITE 400
CITY-ST-ZIP	CHICAGO IL 60605
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ATKINSON, JEROME A
STREET ADDRESS	3290 NORTHSIDE PARKWAY NW
CITY-ST-ZIP	ATLANTA GA 30327
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CLARK, JAMES W.F.
STREET ADDRESS	3349 MICHELSON DRIVE
CITY-ST-ZIP	IRVINE CA 92715-1806
TITLE	D <input type="checkbox"/> DELETE
NAME	GEARHART, LLOYD E.
STREET ADDRESS	510 LAKE COOK ROAD
CITY-ST-ZIP	DEERFIELD IL 60015
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chairman
1.3 STREET ADDRESS	James E. Poe
1.4 CITY-ST-ZIP	307 West 7th St. Ste. 400
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	P
2.3 STREET ADDRESS	Gareth Tolman
2.4 CITY-ST-ZIP	One Moody Plaza
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Galveston, TX 77550
3.3 STREET ADDRESS	D
3.4 CITY-ST-ZIP	Daniel R. O'Brien
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	400 Beneficial Center
4.3 STREET ADDRESS	Peapack, NJ 07977
4.4 CITY-ST-ZIP	D
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dick Williams
5.3 STREET ADDRESS	2501 N. Main Street
5.4 CITY-ST-ZIP	Crossville, TX 38555
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-97

Date Daytime Phone # 0076524

CR2E037 (9/96)