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**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90005 040 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000005390**

1. Corporation Name

**CONSUMER CREDIT INSURANCE ASSOCIATION INCORPORATED**

Principal Place of Business

542 SOUTH DEARBORN STREET  
SUITE 400  
CHICAGO IL 60605

Mailing Address

542 SOUTH DEARBORN STREET  
SUITE 400  
CHICAGO IL 60605



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/29/1993 4. FEI Number 36-2192335 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES E. POE	1.2 NAME	DONALD K MILLER
STREET ADDRESS	307 WEST 7TH ST., STE 400	1.3 STREET ADDRESS	2960 RIVERSIDE DRIVE
CITY-ST-ZIP	FORT WORTH TX	1.4 CITY-ST-ZIP	MACON GA 31204
TITLE	C <input checked="" type="checkbox"/> DELETE	2.1 TITLE	GENERAL COUNSEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOLMAN, GARETH	2.2 NAME	HOWARD B WEXLER
STREET ADDRESS	ONE MOODY PLAZA	2.3 STREET ADDRESS	260 INTERSTATE N CIRCLE NW
CITY-ST-ZIP	GALVESTON TX	2.4 CITY-ST-ZIP	ATLANTA GA 30339
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL R. O'BRIEN	3.2 NAME	
STREET ADDRESS	400 BENEFICIAL CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEAPACK NJ	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK WILLIAMS	4.2 NAME	
STREET ADDRESS	2501 N. MAIN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CROSSVILLE TX	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEARHART, LLOYD E.	5.2 NAME	
STREET ADDRESS	510 LAKE COOK ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL 60015	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULER, JAMES O	6.2 NAME	
STREET ADDRESS	1212 N. 96TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/27/99 312-939-2242

CR2E037 (1/98)