

**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 # F95000001501 (4)

1. Corporation Name

VICTORIA SELECT INSURANCE COMPANY



Principal Place of Business

Mailing Address

5915 LANDERBROOKE DRIVE  
SUITE 210  
CLEVELAND OH 44124

5915 LANDERBROOKE DRIVE  
SUITE 210  
CLEVELAND OH 44124

3. Date Incorporated or Qualified

03/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

APPLIED FOR

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 700001886827

-07/09/96--01013--007

84 City

\*\*\*225.00

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 of President or principal officer, present agent and title if applicable

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROSEN, KENNETH R	
STREET ADDRESS	5915 LANDERBROOK DRIVE, STE 210	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KEPLINGER, TAB A	
STREET ADDRESS	5915 LANDERBROOK DRIVE, STE 210	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KRAMER, IVAN	
STREET ADDRESS	5915 LANDERBROOK DRIVE, STE 210	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VANDAM, MARK E	
STREET ADDRESS	5915 LANDERBROOK DRIVE, STE 210	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HERENDEEN, KEVIN J	
STREET ADDRESS	5915 LANDERBROOK DRIVE, STE 210	
CITY-ST-ZIP	CLEVELAND OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Robert Mueller	
13 STREET ADDRESS	5915 Landerbrook Drive, Ste 210	
14 CITY-ST-ZIP	Cleveland, OH 44124	
21 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Joseph E. Dorer	
23 STREET ADDRESS	5915 Landerbrook Drive, Ste 210	
24 CITY-ST-ZIP	Cleveland, OH 44124	
31 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Michael William Riefel	
33 STREET ADDRESS	5915 Landerbrook Drive, Ste 210	
34 CITY-ST-ZIP	Cleveland, OH 44124	
41 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Katherine Polan	
43 STREET ADDRESS	5915 Landerbrook Drive, Ste 210	
44 CITY-ST-ZIP	Cleveland, OH 44124	
51 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Stacy Wilder	
53 STREET ADDRESS	5915 Landerbrook Drive, Ste 210	
54 CITY-ST-ZIP	Cleveland, OH 44124	
61 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Robert Mark Shorrock	
63 STREET ADDRESS	5915 Landerbrook Drive, Ste 210	
64 CITY-ST-ZIP	Cleveland, OH 44124	

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 117.07(3)(c), Florida Statutes, 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 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:

*Joseph E. Dorer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96 (616) 443-3461  
Date: Daytime Phone #

CR2E034 (3/96)