

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F95000003482 (5)**

1. Corporation Name  
**HALCYON INSURANCE COMPANY**

Principal Place of Business  
**6300 WILSON MILLS RD.  
MAYFIELD VILLAGE OH 44143  
US**

Mailing Address  
**6300 WILSON MILLS RD  
MAYFIELD VILLAGE OH 44143  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6300 WILSON MILLS RD, W33</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>6300 WILSON MILLS RD, W33</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>07/20/1995</b>	
22 City & State 23 <b>MAYFIELD VILLAGE, OH</b> Zip 24 <b>44143-2182</b> Country 25 <b>US</b>		27 City & State 28 <b>MAYFIELD VILLAGE, OH</b> Zip 29 <b>44143-2182</b> Country 30 <b>US</b>		4. FEI Number <b>34-1624319</b> 34-1524319 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				8. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300</b>				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	

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, 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	DT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BEMER, PATRICIA O</b>	1.2 NAME	<b>PLATNER, BRECK T</b>
STREET ADDRESS	<b>6140 PARKLAND BLVD.</b>	1.3 STREET ADDRESS	<b>747 ALPHA DRIVE</b>
CITY-ST-ZIP	<b>MAYFIELD HEIGHTS OH</b>	1.4 CITY-ST-ZIP	<b>HAIGHLAND HEIGHTS, OH 44143-2124</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DATAY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOLENDER, MILO C</b>	2.2 NAME	<b>CHOKEL, CHARLES B</b>
STREET ADDRESS	<b>6140 PARKLAND BLVD.</b>	2.3 STREET ADDRESS	<b>6300 WILSON MILLS RD.</b>
CITY-ST-ZIP	<b>MAYFIELD HEIGHTS OH 44124</b>	2.4 CITY-ST-ZIP	<b>MAYFIELD VILLAGE OH 44143-2182</b>
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVIES, JOHN M</b>	3.2 NAME	<b>SCHNEIDER, DAVID M.</b>
STREET ADDRESS	<b>6140 PARKLAND BLVD.</b>	3.3 STREET ADDRESS	<b>6300 WILSON MILL RD.</b>
CITY-ST-ZIP	<b>MAYFIELD HEIGHTS OH 44124</b>	3.4 CITY-ST-ZIP	<b>MAYFIELD VILLAGE OH 44143-2182</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WHITE, WILLIAM A</b>	4.2 NAME	<b>CERNY, KATHLEEN M</b>
STREET ADDRESS	<b>6140 PARKLAND BLVD.</b>	4.3 STREET ADDRESS	<b>6300 WILSON MILLS RD</b>
CITY-ST-ZIP	<b>MAYFIELD HEIGHTS OH 44124</b>	4.4 CITY-ST-ZIP	<b>MAYFIELD VILLAGE OH 44143-2182</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEMIEUX, KATHRYN M</b>	5.2 NAME	
STREET ADDRESS	<b>5875 LANDERBROOK DR., STE. 100</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAYFIELD HEIGHTS OH 44124</b>	5.4 CITY-ST-ZIP	
TITLE	ATAV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOLOHANTY, JANET A</b>	6.2 NAME	
STREET ADDRESS	<b>6300 WILSON MILLS RD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAYFIELD VILLAGE OH 44143</b>	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; the receiver, trustee, or assignee; or the person authorized 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 as an attachment with an address.

SIGNATURE:

CR2E034 (10/97)