

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

FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F96000003563 (1)**

1. Corporation Name

MEDICAL SAVINGS INSURANCE COMPANY

Principal Place of Business
**5835 WEST 74TH ST.
INDIANAPOLIS IN 46278-1757**

Mailing Address
**5835 WEST 74TH ST.
INDIANAPOLIS IN 46278-1757**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/15/1996	3a. Date of Last Report
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 35-1975418	Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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: _____ (Signature, typed or printed name of registered agent and too, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUTTLES, RANDAL E			1.2 NAME			
STREET ADDRESS	5835 WEST 74TH ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN 46278-1757			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEFFERS-KATT, SUZANNE			2.2 NAME			
STREET ADDRESS	5835 WEST 74TH ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN 46278-1757			2.4 CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROONEY, J. PATRICK			3.2 NAME			
STREET ADDRESS	5835 WEST 74TH ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN 46278-1757			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NASSER, WILLIAM K			4.2 NAME			
STREET ADDRESS	5835 WEST 74TH ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN 46278-1757			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARR, PATRICK F			5.2 NAME			
STREET ADDRESS	5835 WEST 74TH ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN 46278-1757			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ Randal E. Suttles 1/20/97 317-329-8222

CR2E034 (9/96)