

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

FILED

Jan 29 1998 8:00am
Secretary of State

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

DOCUMENT # F96000005251 (1)

1. Corporation Name

THE MILLERS MUTUAL FIRE INSURANCE COMPANY

Principal Place of Business

PO BOX 2269
FORT WORTH TX 76113-2269

Mailing Address

PO BOX 2269
FORT WORTH TX 76113-2269

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	300 Burnett Street	26		10/10/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		75-0439860	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Fort Worth, Texas	28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 76102	25	Country Tarrant	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
29	30				

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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

FL

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	Chairman of the Board & CEO
NAME	DUNHAM, FRANK G JR	1.2 NAME	
STREET ADDRESS	1909 HIGHLAND PARK	1.3 STREET ADDRESS	300 Burnett Street
CITY-ST-ZIP	FT WORTH TX 76107	1.4 CITY-ST-ZIP	Fort Worth, TX 76102-2799
TITLE	PDC	2.1 TITLE	EVP, CFO & Director
NAME	DUNHAM, F G III	2.2 NAME	Joy J. Keller
STREET ADDRESS	6229 KENWICK	2.3 STREET ADDRESS	300 Burnett Street
CITY-ST-ZIP	FT WORTH TX 76116	2.4 CITY-ST-ZIP	Fort Worth, TX 76102-2799
TITLE	VST	3.1 TITLE	Vice President & Controller
NAME	SMITH, JAMES E JR	3.2 NAME	Alfred Chao
STREET ADDRESS	103 BRADDOCK CT.	3.3 STREET ADDRESS	300 Burnett Street
CITY-ST-ZIP	SOUTHLAKE TX 76092	3.4 CITY-ST-ZIP	Fort Worth, TX 76102-2799
TITLE	V	4.1 TITLE	President
NAME	PIPER, JAMES D	4.2 NAME	
STREET ADDRESS	6308 MESA RIDGE	4.3 STREET ADDRESS	300 Burnett Street
CITY-ST-ZIP	FT WORTH TX 76137	4.4 CITY-ST-ZIP	Fort Worth, TX 76102-2799
TITLE	V	5.1 TITLE	
NAME	MULARI, WADE H	5.2 NAME	
STREET ADDRESS	3520 STONE CREEK LANE S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH TX 76137	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	MAY, FRANK W	6.2 NAME	
STREET ADDRESS	4519 EDGE CREEK LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON TX 76017	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joy J. Keller

01-08-98

CR2E034 (10/97)