

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

FILED

Jan 29 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
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DOCUMENT # **F96000005252 (9)**

1. Corporation Name

**THE MILLERS CASUALTY INSURANCE COMPANY**



Principal Place of Business PO BOX 2269 FT WORTH TX 76113-2269	Mailing Address PO BOX 2269 FT WORTH TX 76113-2269
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>300 Burnett Street</b> Suite, Apt. #, etc. 22 City & State 23 <b>Fort Worth, Texas</b> Zip 24 <b>76102</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>Tarrant</b>		3. Date Incorporated or Qualified <b>10/10/1996</b>		4. FEI Number <b>75-1744516</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Additional Fee Required <b>\$8.75</b>		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	

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
			<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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC DUNHAM, FRANK G JR 1909 HIGHLAND PARK FT WORTH TX 76107</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Chairman of the Board &amp; CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>300 Burnett Street Fort Worth, Tx 76102-2799</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC DUNHAM, F G III 6229 KENWICK FT WORTH TX 76116</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>EVP, CFO &amp; Director Joy J. Keller 300 Burnett Street Fort Worth, Tx 76102-2799</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTC SMITH, JAMES E JR 103 BRADDOCK CT. SOUTHLAKE TX 76092</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vice President &amp; Controller Alfred Chao 300 Burnett Street Fort Worth, Tx 76102-2799</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V PIPER, JAMES D 6308 MESA RIDGE FT WORTH TX 76137</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>President 300 Burnett Street Fort Worth, Tx 76102-2799</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MAY, FRANK W 4519 EDGE CREEK LANE ARLINGTON TX 76017</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>300 Burnett Street Fort Worth, Tx 76102-2799</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MULARI, WADE H 3520 STONE CREEK LANE S. FT WORTH TX 76137</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)