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Mar 10 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 # F97000002379 (2)

1. Corporation Name

FINANCIAL INSURANCE MANAGEMENT CORPORATION OF LO  
UISIANA

Principal Place of Business

2555 SEVERN AVE. #200  
METAIRIE LA 70002

Mailing Address

2555 SEVERN AVE. #200  
METAIRIE LA 70002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	72-1022066	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	7. This corporation owes or has paid the current year Intangible	
24	29	Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

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 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANNO, JACK P	1.2 NAME	
STREET ADDRESS	843 CRYSTAL ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70124	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUS, FRANK C JR	2.2 NAME	
STREET ADDRESS	4713 CONLIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA 70008	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOLLUM, RICHARD H	3.2 NAME	
STREET ADDRESS	1013 RIDGEFIELD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAPLACE LA 70068	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, TRAVIS L	4.2 NAME	
STREET ADDRESS	3708 HENICAN PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA 70003	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAETHGE, BARBARA D	5.2 NAME	
STREET ADDRESS	122 S. ALEXANDER ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70119	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRE, PATRICIA A	6.2 NAME	
STREET ADDRESS	1018 GREENTREE AVE.	6.3 STREET ADDRESS	1322 Patriot Drive
CITY-ST-ZIP	METAIRIE LA 70001	6.4 CITY-ST-ZIP	Slidell, LA. 70458

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

*[Signature]* Panno President 3/3/98 (504) 456-0101

CR2E034 (10/97)

FLORIDA DEPARTMENT OF STATE  
1998 PROFIT CORPORATION ANNUAL REPORT

FOR

FINANCIAL INSURANCE MANAGEMENT CORPORATION OF LOUISIANA  
2555 SEVERN AVENUE  
METAIRIE, LOUISIANA 70002

**ADDITIONAL OFFICER/DIRECTOR INFORMATION FOR BLOCK 12:**

TITLE: CHIEF OPERATING OFFICER/DIRECTOR  
NAME: MILLER, EDITH L.  
STREET ADDRESS: 1028 ARABELLA STREET  
CITY-ST-ZIP: NEW ORLEANS, LA. 70115

TITLE: VICE PRESIDENT  
NAME: BUTLER, WILLIAM A.  
STREET ADDRESS: 209 TCHEFUNCTE DRIVE  
CITY-ST-ZIP: COVINGTON, LA. 70433

TITLE: VICE PRESIDENT  
NAME: QUIROGA, MAX O.  
STREET ADDRESS: 12 TREPAGNIER DRIVE  
CITY-ST-ZIP: DESTREHAN, LA. 70047