

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G85093** (4)
1. Corporation Name
PREMIER INSURANCE COMPANY

Principal Place of Business Mailing Address
**601 SOUTH LAKE DESTINY RD.
MAITLAND FL 32794** **6 SYLVAN WAY
P.O. BOX 439
PARSONS NJ 07054**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/10/1984** 3a. Date of Last Report **04/22/1994**

4. FEI Number **59-2376614** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITAL BLDG.
TALLAHASSEE FL 32301**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	STARK, JAMES A.
STREET ADDRESS	119 DYCKMAN PLACE
CITY-ST-ZIP	BASKING RIDGE NJ
TITLE	DV
NAME	LYNCH, RONALD J.
STREET ADDRESS	699 RUNNING BEAR CT.
CITY-ST-ZIP	WINTER SPRING FL
TITLE	S
NAME	KILLEEA, JAMES K.
STREET ADDRESS	10 HALSTEAD LANE
CITY-ST-ZIP	BRANFORD CT
TITLE	V
NAME	DONOVAN, RICHARD S.
STREET ADDRESS	10 STAGECOACH WAY
CITY-ST-ZIP	BELLE MEAD NJ
TITLE	D
NAME	DRAGO, PATRICIA A.
STREET ADDRESS	150 VILLAGE DR.
CITY-ST-ZIP	BASKING RIDGE NJ
TITLE	D
NAME	WHELLER, THOMAS R.
STREET ADDRESS	51 DARREN DR.
CITY-ST-ZIP	MARTINSVILLE NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Francis A. Smith
3.3 STREET ADDRESS	50 Club Drive
3.4 CITY-ST-ZIP	Summit, NJ 07901
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard Adams
4.3 STREET ADDRESS	171 Tanglewood Drive
4.4 CITY-ST-ZIP	Branchburg, NJ 08876
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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 in an alternate manner with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David G. Staples
Vice President

4/12/95

(201) 490-6600

Date

Telephone