


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

FILED

Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H93983** (5)
1. Corporation Name
CAPITAL INSURANCE FACILITIES, INC.



Principal Place of Business 2894 B REMINGTON GREEN LN. TALLAHASSEE FL 32308 US	Mailing Address PO BOX 15277 TALLAHASSEE FL 32317 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1430 Piedmont Drive, E. Suite, Apt. #, etc.		2a. Mailing Address 26 Post Office Box 13686 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/14/1986	
22 City & State 23 Tallahassee, Florida		27 City & State 28 Tallahassee, Florida		4. FEI Number 59-2626570 Applied For <input type="checkbox"/> Not Applicable	
24 Zip 32312		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 32317-3686		27 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MANO, DOUGLAS A. 680 E. JEFFERSON ST. TALLAHASSEE FL 32301				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	

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLECKENSTEIN, ROBERT O.	1.2 NAME	Wallace, Jr., Joseph J.
STREET ADDRESS	ONE MADISON AVE	1.3 STREET ADDRESS	1275 Milwaukee Road
CITY-ST-ZIP	NEW YORK NY 10010	1.4 CITY-ST-ZIP	Glenview, Illinois 60025
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARVIN, GUY III	2.2 NAME	
STREET ADDRESS	ONE INDEPENDENT WAY	2.3 STREET ADDRESS	4741 Pirates Bay Drive
CITY-ST-ZIP	JACKSONVILLE FL 32278	2.4 CITY-ST-ZIP	Jacksonville, Florida 32210-8236
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARUTHERS, L.E.	3.2 NAME	Pearce, Cecil L.
STREET ADDRESS	2894 B REMINGTON GREEN LN.	3.3 STREET ADDRESS	1430 Piedmont Drive, E.
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, Florida 32312
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RABON, DAVID J	4.2 NAME	Hightower, Michael R.
STREET ADDRESS	2894 B REMINGTON GREEN LN.	4.3 STREET ADDRESS	532 Riverside Drive
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Jacksonville, Florida 32202
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, ANDREW	5.2 NAME	
STREET ADDRESS	111 B S. MONROE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Secretary(Non-Voting) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Vonzell Powell
STREET ADDRESS		6.3 STREET ADDRESS	1430 Piedmont Drive, E.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tallahassee, Florida 32312

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]

4/20/98

850-386-6668

CR2E034 (10/97)



CAPITAL INSURANCE FACILITIES, INC.

POST OFFICE BOX 15277 • TALLAHASSEE, FLORIDA 32317
 TELEPHONE (800) 524-9023 • (904) 298-4436
 FAX 904 • 298 • 4436

L. E. Caruthers, President

Guy Marvin, III, Chairman

BOARD OF DIRECTORS and OFFICERS

GUY MARVIN, III

Board Chairman

Sr. Vice President & General Counsel
 The Independent Life and Accident
 Insurance Company
 One Independent Drive
 Jacksonville, FL 32276
 Phone: 904-358-5600
 Fax: 904-358-5889

MICHAEL R. HIGHTOWER

Vice President

Governmental & Legislative Relations
 Blue Cross and Blue Shield of Florida, Inc.
 P. O. Box 1798
 Jacksonville, FL 32231
 Phone: 904-791-6268
 Fax: 904-791-6020

ANDREW MARTINEZ

Area Legislative Affairs Representative
 Nationwide Insurance Company
 111-B South Monroe Street
 Tallahassee, FL 32301
 Phone: 904-222-6200
 Fax: 904-222-6205

JOSEPH J. WALLACE, Jr.

Vice President & Chief Actuary

Guarantee Trust Life Insurance Company
 1275 Milwaukee Road
 Glenview, IL 60025
 Phone: 708-699-0600
 Fax: 708-298-1215

OFFICERS

Guy Marvin, III, Chairman
 Andrew Martinez, Treasurer
 L. E. Caruthers, President
 David Rabon, Vice President (Non-Voting)
 Von Powell, Secretary (Non-Voting)

NATURE SAVER™ FAX MEMO 01818		Date	1/26/98
To	Cathy	From	Margaret
Co./Dept.		Co.	
Phone #		Phone #	
Fax #	386-7371	Fax #	513-3810