

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

FILED
Jun 25 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 # **J94906** (1)
1. Corporation Name
OAK CASUALTY INSURANCE COMPANY



Principal Place of Business
**2035 HARDING ST.
HOLLYWOOD FL 33020**

Mailing Address
**2035 HARDING ST.
HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 137 N. OAK PARK AVE Suite, Apt. #, etc. 22 —		2a. Mailing Address 26 137 N. OAK PARK AVE Suite, Apt. #, etc. 27 —		3. Date Incorporated or Qualified 06/06/1988	
23 OAK PARK, IL City & State 24 60301 Zip 25 COOK Country		28 OAK PARK, IL City & State 29 60301 Zip 30 COOK Country		4. FEI Number 36-3582683 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		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	
7. Additional Fee Required \$8.75		9. May Be \$5.00			

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

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

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 type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURMEISTER, ALFRED	1.2 NAME	MATIGIAN, MATT
STREET ADDRESS	9148 S. RICHMOND	1.3 STREET ADDRESS	137 N. OAK PARK AVE
CITY-ST-ZIP	EVERGREEN PARK IL	1.4 CITY-ST-ZIP	OAK PARK, IL 60301
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PANDOLFO, VICTORIA	2.2 NAME	MATIGIAN, DIANE
STREET ADDRESS	1005 BELLEFORTE	2.3 STREET ADDRESS	137 N. OAK PARK AVE
CITY-ST-ZIP	OAK PARK IL	2.4 CITY-ST-ZIP	OAK PARK, IL 60301
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUZZADRO, ROSEMARY L.	3.2 NAME	
STREET ADDRESS	4701 BAYVIEW DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBANO, LOUIS	4.2 NAME	
STREET ADDRESS	1010 N. HARLEM AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVER FOREST IL	4.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KENNETH L.	5.2 NAME	
STREET ADDRESS	371 S.E. 6TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	Remove - Delete <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)