FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # K19930 (2)

1. Corporation Name: CYPRESS INSURANCE COMPANY

Principal Place of Business: 9690 N.W. 41ST STREET, MIAMI FL 33178, US

Mailing Address: BOX 52-5100, MIAMI FL 33152

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1989

3a. Date of Last Report: 04/21/1994

4. FEI Number: 59-2912102 — Applied For / Not Applicable

2. Principal Place of Business — 21; Suite, Apt. #, etc. — 22; City & State — 23; Zip — 24; Country — 25

2a. Mailing Address — 26; Suite, Apt. #, etc. — 27; City & State — 28; Zip — 29; Country — 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER OF FLORIDA THE CAPITOL BUILDING TALLAHASSEE FL 32399-0300	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 ____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 TITLE	☐ Change ☐ Addition
NAME	MACNEILL, MALCOLM G.	1 NAME	
STREET ADDRESS	9690 NW 41ST ST	1 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	1 CITY-ST-ZIP	MIAMI FL 33178
TITLE	DV	2 TITLE	☐ Change ☐ Addition
NAME	ROGAN, THOMAS B.	2 NAME	
STREET ADDRESS	9690 NW 41ST ST.	2 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	2 CITY-ST-ZIP	MIAMI FL 33178
TITLE	DV	3 TITLE	☐ Change ☐ Addition
NAME	TORRES, RONALD A.	3 NAME	
STREET ADDRESS	9690 NW 41ST ST.	3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	3 CITY-ST-ZIP	MIAMI FL 33178
TITLE	D	4 TITLE	☐ Change ☐ Addition
NAME	MCCURDY, JOSEPH P.	4 NAME	
STREET ADDRESS	9690 NW 41ST ST.	4 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	4 CITY-ST-ZIP	MIAMI FL 33178
TITLE	DS	5 TITLE	☐ Change ☐ Addition
NAME	BULLINGTON, DOUGLAS W.	5 NAME	
STREET ADDRESS	9690 NW 41ST ST.	5 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	5 CITY-ST-ZIP	MIAMI FL 33178
TITLE	D	6 TITLE	☐ Change ☐ Addition
NAME	GILBERT, STEPHEN A.	6 NAME	
STREET ADDRESS	9690 NW 41ST ST.	6 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	6 CITY-ST-ZIP	MIAMI FL 33178

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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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] Helen C. Gallopa 4/28/95 305-591-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0420100 FP