

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra E. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K59620

(0)

1. Corporation Name

ADVISERS INSURANCE GROUP, INC.

Principal Place of Business

Mailing Address

**1608 KANNER HWY.
P. O. BOX 1098
PT. SALERNO FL 34992**

**1608 KANNER HWY.
P. O. BOX 1098
PT. SALERNO FL 34992**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/20/1989

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0132096

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DALY, III., FRANK P.
1608 KANNER HWY.
STUART FL 34995**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4144 SE Fairway East

83

84 City

Stuart

FL

85 Zip Code

34997

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 this if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

DALY, FRANK P.

STREET ADDRESS

4340 S.E. FEDERAL HWY.

CITY - ST - ZIP

STUART FL

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

4144 SE Fairway E.

1.4 CITY - ST - ZIP

STUART FL 34997

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95

407 2837150