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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:46

DOCUMENT # L33948 (5)

1. Corporation Name
AMERICAN FAMILY INSURORS, INC.

Principal Place of Business	Mailing Address
1616 GULF TO BAY, SUITE 2 CLEARWATER FL 34615-6476	1616 GULF TO BAY, SUITE 2 CLEARWATER FL 34615-6476

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/04/1989
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2982913 ☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BALICKI, JOHN F.
10229 REAR, 109TH AVE. N.
SEMINOLE FL 34625

10. Name and Address of New Registered Agent

81 Name: Paul R Lucas
82 Street Address (P.O. Box Number is Not Acceptable): 2433 Brazilia Way
83: Apt 15
84 City: Clearwater FL 85 Zip Code: 34623

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: Paul R Lucas — 1-22-95
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	PV	11 TITLE	☐ Change ☐ Addition
NAME	COOK, SHIRLEY A.	12 NAME	PV
STREET ADDRESS	10229 109TH AVENUE N.	13 STREET ADDRESS	Denise D. Webster
CITY-ST-ZIP	SEMINOLE FL	14 CITY-ST-ZIP	6030 130th Ave. N. #110
TITLE	VP	21 TITLE	Clearwater, Fl. 34620
NAME	COOK, WILLIAM P	22 NAME	☐ Change ☐ Addition
STREET ADDRESS	10229 109TH AVE N	23 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: Denise D. Webster — 1-27-95 — 813-446-4879
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title Daytime Phone Number

0355120 CP