

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29619 (6)

1. Corporation Name

SENIOR CITIZENS MUTUAL INSURANCE COMPANY RISK RE
TENTION GROUP



Principal Place of Business

Mailing Address

C/O LEIGH MCCREARY
5805 BLUE LAGOON DRIVE, SUITE 295
MIAMI FL 33126-2032
US

5805 BLUE LAGOON DR
SUITE 295
MIAMI FL 33126-2032
US

3. Date Incorporated or Qualified

12/08/1988

3a. Date of Last Report

03/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

52-1459229

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24

25

Country

Zip

Country

29

30

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 32301

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE ☐ DELETE

NAME PD
STREET ADDRESS PRETE, GERALD J
CITY-ST-ZIP 829 S RIDGELAND AVE
OAK PARK IL

TITLE ☐ DELETE

NAME DV
STREET ADDRESS FAIR, T. WILLARD
CITY-ST-ZIP 880 N.E. 69TH ST.
MIAMI FL

TITLE ☐ DELETE

NAME TD
STREET ADDRESS GUENTHER, HARRY
CITY-ST-ZIP 200 OCEAN LANE DRIVE, APT, 1105
KEY BISCAYNE F

TITLE ☐ DELETE

NAME D
STREET ADDRESS PIAZZA, JOHN
CITY-ST-ZIP 9536 DATE ST
FONTANA CA

TITLE ☐ DELETE

NAME SD
STREET ADDRESS REAVILL, MARY
CITY-ST-ZIP RT. 4, BOX 281
VILLE PLATTE LA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Harry T. Guenther
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96
Date

305-266-1719
Daytime Phone #

CR2E037 (12/95)