

DOCUMENT # N29619	
1. Entity Name	
SENIOR CITIZENS MUTUAL INSURANCE COMPANY RISK RE	

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90046 010 ****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
5905 BLUE LAGOON DR 295 MIAMI FL 33126-2032 US		5905 BLUE LAGOON DR SUITE 295 MIAMI FL 33126-2032 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
4. FEI Number	52-1459229	Applied For Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER OF FLORIDA THE CAPITOL BUILDING TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DV	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIR, T. WILLARD	NAME	
STREET ADDRESS	880 N.E. 69TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	TD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRICANO, THOMAS M	NAME	
STREET ADDRESS	200 OCEAN LANE DRIVE, APT. 1105	STREET ADDRESS	118 Wood Crest Lane
CITY-ST-ZIP	KEY-BISCAYNE F	CITY-ST-ZIP	Estonton, GA 31024
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIAZZA, JOHN	NAME	
STREET ADDRESS	9536 DATE ST	STREET ADDRESS	38500 Cactus Lane
CITY-ST-ZIP	FONTANA CA	CITY-ST-ZIP	Palm Desert, CA 92260
TITLE	SD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAVILL, MARY	NAME	
STREET ADDRESS	1001 N REED ST	STREET ADDRESS	
CITY-ST-ZIP	VILLE PLATTE LA	CITY-ST-ZIP	70586
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Mary Reavill	01/04/01	305-266-1719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #