

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29619

FILED
Mar 08, 2004
Secretary of State**Entity Name:** SENIOR CITIZENS MUTUAL INSURANCE COMPANY**Current Principal Place of Business:**5805 BLUE LAGOON DR
295
MIAMI, FL 331262032 US**New Principal Place of Business:**703 WATERFORD WAY
SUITE 530
MIAMI, FL 331262032 US**Current Mailing Address:**5805 BLUE LAGOON DR
SUITE 295
MIAMI, FL 331262032 US**New Mailing Address:**703 WATERFORD WAY
SUITE 530
MIAMI, FL 331262032 US**FEI Number:** 52-1459229**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US**Name and Address of New Registered Agent:**MCCREARY, LEIGH
1730 MAIN STREET
WESTON, FL 33326 US

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: LEIGH MCCREARY

03/08/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FAIR, T. WILLARD,
Address: 880 N.E. 69TH ST.
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: FRICANO, THOMAS M
Address: 118 WOOD CREST LANE
City-St-Zip: EATONTON, GA 31024

Title: D () Delete
Name: PIAZZA, JOHN
Address: 38500 CACTUS LANE
City-St-Zip: PALM DESERT, CA 92260

Title: SD () Delete
Name: REAVILL, MARY,
Address: 1001 N REED ST
City-St-Zip: VILLE PLATTE, LA 70586

Title: PD () Delete
Name: CONDO, JOSEPH
Address: 217 WYOMA LANE
City-St-Zip: SCHAUMBURG, IL 60005

Title: VD () Delete
Name: FLYNN, JOHN
Address: 112 SKUNKNET RD
City-St-Zip: STONEHAM, MA 02180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M. FRICANO

TREA

03/08/2004

Electronic Signature of Signing Officer or Director

Date