

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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 MAY -1 AM 10:06

DOCUMENT # N94000001656 (7)

1. Corporation Name

WORKERS COMPENSATION COST CONTAINMENT COUNCIL, I
NC.

Principal Place of Business

Mailing Address

1051 WINDERLY PLACE
SUITE 311
MAITLAND FL 32751

1051 WINDERLY PLACE
SUITE 311
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/04/1994

4. FEI Number

Applied For

59-3241921

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 11405 Park Rd

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

40223

U.S.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

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

INMAN, JACK C.
1051 WINDERLEY PLACE, SUITE 311
MAITLAND FL 32751

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 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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Vice President
NAME Bruce W. Ferguson
STREET ADDRESS 11405 Park Rd
CITY - ST - ZIP Louisville, Ky 40223

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY - ST - ZIP

TITLE Director
NAME Robert L. Cowgill
STREET ADDRESS Town Center Building Suite 208
CITY - ST - ZIP Danville, Ill 61832

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE Director
NAME H. Herchard Spaw, Jr
STREET ADDRESS 426 Broad Street
CITY - ST - ZIP Charleston W.V. 25333

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce W. Ferguson

4/29/95

Typed Name

(501) 344-1343

0031700