SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Aug 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P05382** **(7)**

1. Corporation Name
COMMUNITY NATIONAL ASSURANCE COMPANY

Principal Place of Business	Mailing Address
250 OLD WILSON BRIDGE ROAD PO BOX 10 WORTHINGTON OH 43085-0010 US	250 OLD WILSON BRIDGE ROAD PO BOX 10 WORTHINGTON OH 43085-0010 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2801 Highway 280 So Suite, Apt. #, etc. 22 City & State 23 Birmingham AL Zip 24 35223 Country 25 USA	2a. Mailing Address 26 PO Box 26606 Suite, Apt. #, etc. 27 City & State 28 Birmingham AL Zip 29 35202 Country 30 USA

3. Date Incorporated or Qualified: 03/21/1985
3a. Date of Last Report: 03/13/1996
4. FEI Number: 31-0628424 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399	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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President, Director	☐ Change ☒ Addition
NAME	GAINOR, JOHN JOSEPH		1.2 NAME	Jim E. Massengale	
STREET ADDRESS	8960 SALTCOATS CT.		1.3 STREET ADDRESS	2801 Highway 280 South	
CITY-ST-ZIP	DUBLIN OH		1.4 CITY-ST-ZIP	Birmingham, AL 35223	
TITLE	T	☒ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	MARTIN, GEORGE DOMINIC		2.2 NAME	Drayton Nabers, Jr.	
STREET ADDRESS	3197 SMOKEY RIDGE LANE		2.3 STREET ADDRESS	2801 Highway 280 South	
CITY-ST-ZIP	CARMEL IN		2.4 CITY-ST-ZIP	Birmingham, AL 35223	
TITLE	S	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	MILLER, SANDRA HAMILTO		3.2 NAME	John B. Deremo	
STREET ADDRESS	910 RODGE DRIVE		3.3 STREET ADDRESS	7 West 7th Street	
CITY-ST-ZIP	GREENFIELD IN		3.4 CITY-ST-ZIP	Cincinnati, OH 45202	
TITLE	CD	☒ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	BOW, STEPEHM TYLER		4.2 NAME	Lawrence G. Merrill	
STREET ADDRESS	179 STEWART DRIVE		4.3 STREET ADDRESS	7 West 7th Street	
CITY-ST-ZIP	TIBURON CA		4.4 CITY-ST-ZIP	Cincinnati, OH 45202	
TITLE	D	☒ DELETE	5.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	FARRIS, BAIN JOSEPH		5.2 NAME	A.S. Williams III	
STREET ADDRESS	5430 WASHINGTON BLVD		5.3 STREET ADDRESS	2801 Highway 280 South	
CITY-ST-ZIP	INDIANAPOLIS IN		5.4 CITY-ST-ZIP	Birmingham, AL 35223	
TITLE	AS	☐ DELETE	6.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	SWINGLE, KRISTAN		6.2 NAME	Deborah J. Long	
STREET ADDRESS	5281 BRAND ROAD		6.3 STREET ADDRESS	2801 Highway 280 South	
CITY-ST-ZIP	DUBLIN OH		6.4 CITY-ST-ZIP	Birmingham AL 35223	

CR2E034 (4/97)

14. I do 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 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: Deborah J. Long 8/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date