

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10066 (9)
1. Corporation Name
FORUM INSURANCE COMPANY

Principal Place of Business 200 N MARTINDALE ROAD SCHAUMBURG IL 60173-2096 US	Mailing Address 200 N. MARTINGALE RD SCHAUMBURG IL 60173-2040 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1986	3a. Date of Last Report 02/07/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 05-0303803		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, JACK R	1.2 NAME	Vollman, Sandra K.
STREET ADDRESS	200 N MARTINGALE RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	SCHAUMBURG IL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTELLI, ALAN F.	2.2 NAME	
STREET ADDRESS	200 N. MARTINGALE RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SCHAUMBURG IL	2.4 CITY - ST - ZIP	
TITLE	SVD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUWEMA, JOHN B	3.2 NAME	
STREET ADDRESS	200 N. MARTINGALE RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SCHAUMBURG IL	3.4 CITY - ST - ZIP	
TITLE	TV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, PATRICK J	4.2 NAME	
STREET ADDRESS	200 N. MARTINGALE RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	SCHAUMBURG IL	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYER, LYMAN C. (ASST.)	5.2 NAME	
STREET ADDRESS	200 N. MARTINGALE RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	SCHAUMBURG IL	5.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, RICHARD C	6.2 NAME	
STREET ADDRESS	200 N MARTINGALE ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	SCHAUMBURG IL	6.4 CITY - ST - ZIP	

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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: *Sandra K Vollman* SANDRA K VOLLMAN April 22, 1996 (847) 605-7011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)