

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

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P20372 (9)
1. Corporation Name
ARCADIA GENERAL INSURANCE COMPANY



Principal Place of Business
3290 NORTHSIDE PARKWAY, NW
ATLANTA GA 30327
US

Mailing Address
P O BOX 50355
ATLANTA GA 30302
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 32991 Hamilton Court
Suite, Apt. #, etc.
22 Suite 100
City & State
23 Farmington Hills, MI
Zip Country
24 48334 25 Oakland 29 48334 30 Oakland

2a. Mailing Address
26 32991 Hamilton Court
Suite, Apt. #, etc.
27 Suite 100
City & State
28 Farmington Hills, MI
Zip Country
29 48334 30 Oakland

3. Date Incorporated or Qualified
08/05/1988

4. FEI Number
86-0551676

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

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
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

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	P	1.1 TITLE	P
NAME	REICH, ROBERT I.	1.2 NAME	Ronald L. Bruckert
STREET ADDRESS	1150 SOUTH OLIVE	1.3 STREET ADDRESS	32991 Hamilton Court Ste.100
CITY-ST-ZIP	LOS ANGELES CC	1.4 CITY-ST-ZIP	Farmington Hills, MI 48334
TITLE	VPD	2.1 TITLE	V
NAME	YOUNG, LARRY K.	2.2 NAME	Kirk Anderson
STREET ADDRESS	1150 SOUTH OLIVE STREET	2.3 STREET ADDRESS	32991 Hamilton Court Ste.100
CITY-ST-ZIP	LOS ANGELES CA	2.4 CITY-ST-ZIP	Farmington Hills, MI 48334
TITLE	D	3.1 TITLE	SD
NAME	TYDUS, SEDRICK A.	3.2 NAME	Deborah M. Shoop
STREET ADDRESS	1150 SOUTH OLIVE ST.	3.3 STREET ADDRESS	32991 Hamilton Court Ste.100
CITY-ST-ZIP	LOS ANGELES CA	3.4 CITY-ST-ZIP	Farmington Hills, MI 48334
TITLE	TD	4.1 TITLE	TD
NAME	FOLTZ, STEPHEN H.	4.2 NAME	Timothy J. Titus
STREET ADDRESS	1150 SOUTH OLIVE STREET	4.3 STREET ADDRESS	32991 Hamilton Court Ste.100
CITY-ST-ZIP	LOS ANGELES CA	4.4 CITY-ST-ZIP	Farmington Hills, MI 48334
TITLE	AS	5.1 TITLE	
NAME	PINSON, MARY L	5.2 NAME	
STREET ADDRESS	1150 S OLIVE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90015	5.4 CITY-ST-ZIP	
TITLE	DS	6.1 TITLE	
NAME	MURPHY, JAMES	6.2 NAME	
STREET ADDRESS	1150 SOUTH OLIVE ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	6.4 CITY-ST-ZIP	

14. 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 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.

Timothy J. Titus 16160 (248) 848-7811

CR2E034 (10/97)