

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

FILED
Apr 16 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 # P21306 (6)
 1. Corporation Name
MASTER PROTECTION CORPORATION



Principal Place of Business 520 BROADWAY BLVD., SUITE 650 SANTA MONICA CA 90401	Mailing Address 520 BROADWAY BLVD., SUITE 650 SANTA MONICA CA 90401-2428
--	---

3. Date Incorporated or Qualified 10/14/1988	3a. Date of Last Report 04/17/1996
4. FEI Number 94-3077928	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
Country	30 Country

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLAN, JOSHUA A.	1.2 NAME	
STREET ADDRESS	165 MASON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKLEY, WILLIAM R.	2.2 NAME	
STREET ADDRESS	165 MASON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	2.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, EDIE	3.2 NAME	
STREET ADDRESS	520 BROADWAY, STE. 650	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES CATHERINE B.	4.2 NAME	
STREET ADDRESS	165 MASON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	4.4 CITY-ST-ZIP	
TITLE	VPF <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, NICKOLAS K.	5.2 NAME	
STREET ADDRESS	520 BROADWAY, STE. 650	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILES, ROBERT L.	6.2 NAME	
STREET ADDRESS	520 BROADWAY, SUITE 650	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA	6.4 CITY-ST-ZIP	

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: Nickolas K. Fisher **REQUIRED** 4/7/97 (310) 451-8888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)

**Master Protection Corporation
Officers**

721306

Officers	Business Address
President Robert L. Wiles 18005 Dali Drive Granada Hills, CA 91344	520 Broadway, Suite 650 Santa Monica, CA 90401
Vice President - Finance Nickolas K. Fisher 6602 Blanchard Avenue Fontana, CA 92336	520 Broadway, Suite 650 Santa Monica, CA 90401
Sr. Vice President Thomas L. Kennedy 8258 Estero Boulevard Fort Myers Beach, FL 33932	1661 Estero Boulevard, Suite 25 Fort Myers Beach, FL 33931
Vice President and Corporate Secretary Edie Weber 23757 Marlano Street Woodland Hills, CA 91367	520 Broadway, Suite 650 Santa Monica, CA 90401
Vice President Gaylon Claiborne 3527 W. Paradise Ave. Visalia, CA 93227	1525 S. Mooney Blvd., Suite E Visalia, CA 93277
Vice President Edward Wilmowski 15854 S. 13th Place Phoenix, AZ 85048-8666	3440 E. Roeser Rd. Phoenix, AZ 85040-3867
Assistant Secretary William Robert Morrow 9241 Aldea Drive Northridge, CA 91325	520 Broadway, Suite 650 Santa Monica, CA 90401

**Master Protection Corporation
Directors**

Directors	Business Address
Chairperson of the Board Catherine B. James 2 Oakland Lane Greenwich, CT 06830	165 Mason Street Greenwich, CT 06830
Director William R. Berkley 20 Interlaken Road Greenwich, CT 06830	165 Mason Street Greenwich, CT 06830
Director Andrew M. Bursky 325 Stanwich Road Greenwich, CT 06830	165 Mason Street Greenwich, CT 06830
Director Joshua A. Polan 333 Johnson Avenue Englewood, NJ 07631	165 Mason Street Greenwich, CT 06830
Director Robert L. Wiles 18005 Dali Drive Granada Hills, CA 91344	520 Broadway, Suite 650 Santa Monica, CA 90401