

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

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Mar 03 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 # **P25490** (4)
1. Corporation Name
BEACON INSURANCE COMPANY OF AMERICA



Principal Place of Business ONE PARK CIR PO BOX 5001 WESTFIELD CTR OH 44251-5001 US	Mailing Address PO BOX 5001 WESTFIELD CTR OH 44251-5001 US
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3. Date Incorporated or Qualified 08/04/1989	3a. Date of Last Report 03/04/1996
4. FEI Number 31-1015321	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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent 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 85 Zip Code
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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 of typed or printed name of registered agent and the filer if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, R C	1.2 NAME	
STREET ADDRESS	3382 HARDWOOD HOLLOW	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEDINA OH	1.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROICH, L D	2.2 NAME	
STREET ADDRESS	8994 POMANDER DR , BOX 217	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD CTR OH	2.4 CITY-ST-ZIP	
TITLE	SVPT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSSHARD, OTTO	3.2 NAME	
STREET ADDRESS	6666 GREENWICH RD, BOX 216	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD CTR OH	3.4 CITY-ST-ZIP	
TITLE	SVPS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKERING, T H	4.2 NAME	
STREET ADDRESS	8711 MCWAY DR, BOX 202	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD CTR OH	4.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLE, G C	5.2 NAME	
STREET ADDRESS	2677 STAR LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WADSWORTH OH	5.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMANUS, R W	6.2 NAME	
STREET ADDRESS	204 BETH DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEVILLE OH	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; 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 of this filing, or on an attachment with an address.

SIGNATURE: 
Robert J. Joyce, Senior Vice President

Feb. 14, 1997 (330) 887-6459

Date Daytime Phone

0479121

CR2E034 (9/96)