

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P25746** (9)
1. Corporation Name
WESTCHESTER PREMIUM ACCEPTANCE CORPORATION



Principal Place of Business

1020 N.E. LOOP 410
STE. 700
SAN ANTONIO TX 78209

Mailing Address

1020 N.E. LOOP 410
STE. 700
SAN ANTONIO TX 78209

3. Date Incorporated or Qualified 08/22/1989	3a. Date of Last Report 04/12/1995
4. FEI Number 74-2458787	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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. P.O. Box 65100
22. City & State	27. Suite, Apt. #, etc.
23. Zip	28. SAN ANTONIO, TX
24. Country	29. Zip
	30. 78265

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

(Signature, type or print 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, MARK E., JR.	1.2 NAME	
STREET ADDRESS	1020 N.E. LOOP 410, #700	1.3 STREET ADDRESS	
CITY-STATE-ZIP	SAN ANTONIO TX	1.4 CITY-STATE-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, MARK E	2.2 NAME	
STREET ADDRESS	1020 N.E. LOOP 410 STE. 700	2.3 STREET ADDRESS	
CITY-STATE-ZIP	SAN ANTONIO TX	2.4 CITY-STATE-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODAYLE, MICHAEL J.	3.2 NAME	
STREET ADDRESS	1020 N.E. LOOP 410, #700	3.3 STREET ADDRESS	
CITY-STATE-ZIP	SAN ANTONIO TX	3.4 CITY-STATE-ZIP	
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, MERIE U	4.2 NAME	
STREET ADDRESS	1020 NE. LOOP 410 STE. 700	4.3 STREET ADDRESS	
CITY-STATE-ZIP	SAN ANTONIO TX	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, GARY V.	5.2 NAME	
STREET ADDRESS	9000 TESORO, #122	5.3 STREET ADDRESS	
CITY-STATE-ZIP	SAN ANTONIO TX	5.4 CITY-STATE-ZIP	
TITLE	AVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUMGARDNER, JILL P	6.2 NAME	
STREET ADDRESS	1020 NE LOOP 410, #700	6.3 STREET ADDRESS	
CITY-STATE-ZIP	SAN ANTONIO TX	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jill Bumgardner AVP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96 510-824-4546
Date Daytime Phone #

CR2E034 (12/95)