FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P26864** **(9)**

1. Corporation Name

HEART OF AMERICA FIRE AND CASUALTY COMPANY, INCO RPORATED

Principal Place of Business	Mailing Address
518 STUYVESANT AVE P O BOX 615 LYNDHURST NJ 07071 US	518 STUYVESANT AVE P O BOX 615 LYNDHURST NJ 07071 US

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc		Suite, Apt. #, etc	
22		27	
City & State		City & State	
23		28	
Zip / Country	24 / 25	Zip / Country	29 / 30

3. Date Incorporated or Qualified: **11/13/1989**

3a. Date of Last Report: **06/28/1995**

4. FEI Number: **43-1436329** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 **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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	P ☐ Change ☒ Addition
NAME	MELAHN, LEWIS E		1.2 NAME	Robert A. Nicosia
STREET ADDRESS	1453 BRIARWOOD DR		1.3 STREET ADDRESS	518 Stuyvesant Avenue
CITY-ST-ZIP	MEXICO MO		1.4 CITY-ST-ZIP	Lyndhurst, NJ 07071
TITLE		☐ DELETE	2.1 TITLE	V/S ☐ Change ☒ Addition
NAME			2.2 NAME	Margaret A. Nicosia
STREET ADDRESS			2.3 STREET ADDRESS	518 Stuyvesant Avneue
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Lyndhurst, NJ 07071
TITLE		☐ DELETE	3.1 TITLE	T ☐ Change ☒ Addition
NAME			3.2 NAME	Richard Ingram
STREET ADDRESS			3.3 STREET ADDRESS	7029 25th Avenue
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Gary, IN 46406
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: _____ Robert A. Nicosia 2/21/96 (201)438-7223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #