

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 # P29826 (5)

1. Corporation Name

JMC INSURANCE SERVICES CORPORATION

Principal Place of Business

9710 SCRANTON RD #100
STE. 100
SAN DIEGO CA 92121

Mailing Address

9710 SCRANTON RD #100
STE. 100
SAN DIEGO CA 92121

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	City & State
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.01(1) and 607.15(5), 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 607.05(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME CEOD MITCHELL, JAMES K. STREET ADDRESS 9710 SCRANTON RD., #100 CITY, STATE, ZIP SAN DIEGO CA TITLE PD NAME FINNERAN, BRIAN J. STREET ADDRESS 9710 SCRANTON RD., #100 CITY, STATE, ZIP SAN DIEGO CA TITLE SVPG NAME HANSEN, ROSS D STREET ADDRESS 9710 SCRANTON RD., #100 CITY, STATE, ZIP SAN DIEGO CA TITLE VTD NAME CARLSON, D. MARK STREET ADDRESS 9710 SCRANTON RD., #100 CITY, STATE, ZIP SAN DIEGO CA TITLE NAME STREET ADDRESS CITY, STATE, ZIP TITLE NAME STREET ADDRESS CITY, STATE, ZIP TITLE	1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. 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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)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to make the filing as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached list with an address.

SIGNATURE:

Pamela R. Schneider

Pamela R. Schneider, Sr. VP/Gen. Counsel

2/23/96

619-450-0055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE OF FILING

CR2E034 (12/95)