

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

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90125 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000063072

1. Corporation Name

EMPLOYERS INSURANCE AGENCY, INC.



Principal Place of Business 3640 DEL PRADO BOULEVARD CAPE CORAL FL 33904	Mailing Address 3640 DEL PRADO BOULEVARD CAPE CORAL FL 33904
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/09/1993	
2. Principal Place of Business 21 5511 Pine Island Rd. Suite, Apt. #, etc. 22 City & State 23 Bokeelia, Fl Zip Country 24 33922 25 USA	2a. Mailing Address 26 5511 Pine Island Rd. Suite, Apt. #, etc. 27 City & State 28 Bokeelia, FL Zip Country 29 33922 30 USA
4. FEI Number 65-0437146	Applied For 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CICCARELLO, NICK L
3640 DEL PRADO BOULEVARD
CAPE CORAL FL 33904

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

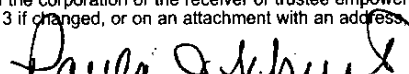
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	V. President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICCARELLO, NICK L	1.2 NAME	Ciccarello, Nick L.
STREET ADDRESS	3640 DEL PRADO BOULEVARD	1.3 STREET ADDRESS	5511 Pine Island Road
CITY-ST-ZIP	CAPE CORAL FL 33904	1.4 CITY-ST-ZIP	Bokeelia, FL 33922
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUETZ, PAULA J	2.2 NAME	Schuetz, Paula J.
STREET ADDRESS	3640 DEL PRADO BOULEVARD	2.3 STREET ADDRESS	5511 Pine Island Road
CITY-ST-ZIP	CAPE CORAL FL 33904	2.4 CITY-ST-ZIP	Bokeelia, FL 33922
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:  Paula J. Schuetz 1/8/99 941-283-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)