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 # P95000071645 (2)

1. Corporation Name
FFVA MUTUAL INSURANCE CO.

Principal Place of Business
4401 EAST COLONIAL DRIVE
ORLANDO FL 32803

Mailing Address
4401 EAST COLONIAL DRIVE
ORLANDO FL 32803

3. Date Incorporated or Qualified: 09/18/1995
3a. Date of Last Report: N/A
4. FEI Number: 59-6828087 — ☐ 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 XX No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P. O. BOX 140155
Suite, Apt. #, etc.
27
City & State
28 ORLANDO, FL
Zip 29 32814-0155 Country 30 U.S.A.

9. **Name and Address of Current Registered Agent**

HAIR, ALAN
4401 EAST COLONIAL DRIVE
ORLANDO FL 32803

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

TITLE	D	☐ DELETE
NAME	DANIELS, HENRY M	
STREET ADDRESS	719 CATTLEMEN ROAD	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	☐ DELETE
NAME	EVANS, ARTHUR F	
STREET ADDRESS	POST OFFICE BOX 789 N/A	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	☒ DELETE
NAME	HARLLEE, PETER S JR	
STREET ADDRESS	POST OFFICE BOX 8 N/A	
CITY-ST-ZIP	PALMETTO FL 34220	
TITLE	D	☐ DELETE
NAME	KLINGER, WILLIAM L	
STREET ADDRESS	1931 LAKE BRANTLEY ROAD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	☐ DELETE
NAME	PAYNE, NORMAN C III	
STREET ADDRESS	POST OFFICE BOX 995 N/A	
CITY-ST-ZIP	DUNDEE FL 33838	
TITLE	D	☐ DELETE
NAME	ROE, MORGAN H	
STREET ADDRESS	POST OFFICE BOX 900 N/A	
CITY-ST-ZIP	WINTER HAVEN FL 33882	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VC	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	C	☐ Change XX Addition
3.2 NAME	ROGERS, GLENN R.	
3.3 STREET ADDRESS	1807 MORNINGSIDE DR.	
3.4 CITY-ST-ZIP	MT. DORA, FL	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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: [signature] ALAN E. HAIR — 4/10/96 — 407/894-1351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)