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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90130 040 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S71811					
1. Corporation Name DEPENDABLE PROTECTIVE MUTUAL RISK RETENTION GROU P, INC.					
Principal Place of Business 1545 RAYMOND DIEHL RD. 3RD FLOOR TALLAHASSEE FL 32308			Mailing Address P.O. BOX 12200 TALLAHASSEE FL 32317-2200		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/08/1991 4. FEI Number 59-1688072 5. Certificate of Status Desired XX 6. Election Campaign Financing <input type="checkbox"/> 7. Trust Fund Contribution <input type="checkbox"/> 8. This corporation owes the current year Intangible Personal Property Tax. XXX Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent JACOBS, JOSEPH W 1545 RAYMOND RD 3RD FLOOR TALLAHASSEE FL 32308			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	PDC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ECKERLEIN, R F		1.2 NAME		
STREET ADDRESS	1545 RAYMOND DIEHL RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STELNICKI, JAMES V		2.2 NAME		
STREET ADDRESS	1545 RAYMOND DIEHL RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOROWITZ, EARL R		3.2 NAME		
STREET ADDRESS	1545 RAYMOND DIEHL RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KARNS, MARTIN E		4.2 NAME		
STREET ADDRESS	1545 RAYMOND DIEHL RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERRITT, HENRY N JR.		5.2 NAME		
STREET ADDRESS	1545 RAYMOND DIEHL RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		5.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Atkins, Kathleen B.		6.2 NAME		
STREET ADDRESS	1545 Raymond Diehl Rd., 3rd F		6.3 STREET ADDRESS		
CITY-ST-ZIP	Tallahassee, FL 32308		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:

SIGNATURE **Joseph W. Jacobs**

4/26/99

850-386-1115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0053304

871811
444877-90130
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ATTACHMENT TO 1999 ANNUAL REPORT FOR
DEPENDABLE PROTECTIVE MUTUAL RISK RETENTION GROUP, INC.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MOYLES, BRIANT G. 1545 RAYMOND DIEHL RD., 3RD FLOOR TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete JACOBS, JOSEPH W. 1545 RAYMOND DIEHL RD., 3RD FLOOR TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WILLENS, SHELDON 1545 RAYMOND DIEHL RD., 3RD FLOOR TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition