

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-# 801716 (2)

1. Corporation Name

BANKERS AND SHIPPERS INSURANCE COMPANY



Principal Place of Business

500 W. FIFTH STREET
~~P.O. BOX 2610~~
WINSTON-SALEM NC 27152
US

Mailing Address

P.O. BOX 3199
~~P.O. BOX 2610~~
WINSTON-SALEM NC 27102-3199
US

3. Date Incorporated or Qualified
02/13/1923

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

4. FEI Number

13-4941245

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

STATE COMMISSIONER OF INSURANCE
CAPITOL BLDG.
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

Signature typed or printed name of registered agent and the corporation

(If the Registered Agent's name is typed or printed, the signature of the Registered Agent must be typed or printed.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME VD
STREET ADDRESS MARTIN, ANDREW PETER
CITY-STATE-ZIP 500 WEST FIFTH STREET
WINSTON-SALEM NC

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE V/D
2. NAME Andrews, Steven C.
3. STREET ADDRESS 500 West Fifth St.
4. CITY-STATE-ZIP Winston-Salem, NC
☐ Change ☒ Addition

2. TITLE V/S/D
2. NAME Johnson, John J.
2. STREET ADDRESS 500 West Fifth St.
2. CITY-STATE-ZIP Winston-Salem, NC
☐ Change ☒ Addition

3. TITLE P/D
3. NAME Lambie, James T.
3. STREET ADDRESS 500 West Fifth St.
3. CITY-STATE-ZIP Winston-Salem, NC
☐ Change ☒ Addition

4. TITLE V/D
4. NAME Lyon, Arthur S., Jr.
4. STREET ADDRESS 500 West Fifth St.
4. CITY-STATE-ZIP Winston-Salem, NC
☐ Change ☒ Addition

5. TITLE V/I/D
5. NAME McConnell, Jeffrey B.
5. STREET ADDRESS 500 West Fifth St.
5. CITY-STATE-ZIP Winston-Salem, NC
☐ Change ☒ Addition

6. TITLE V/D
6. NAME McKee, Donald F.
6. STREET ADDRESS 500 West Fifth Street
6. CITY-STATE-ZIP Winston-Salem, NC
☐ Change ☒ Addition

SIGNATURE:

John J. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John J. Johnson

4/18/96

(910) 770-2369

CR2E034 (12/95)

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Fla. Dept. of State

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BANKERS AND SHIPPERS INSURANCE COMPANY

Addition to No. 13.

D
Yorke, John B.
500 West Fifth St.
Winston-Salem, NC