

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

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 816456 (8)**

**OCCIDENTAL FIRE + CASUALTY CO. OF NC.**

Principal Place of Business P.O. BOX 10800 RALEIGH NC 27805	Mailing Address P.O. BOX 10800 RALEIGH NC 27805
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <del>09/29/1998</del> 10/29/1962	4. FEI Number <del>84-100000</del> 84-0513811	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip	28 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24 Zip	25 Country	29 Zip	30 Country	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS			
TITLE	VPS	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VPS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRUBE, HAROLD A.			1.2 NAME	BLINSON, MICHAEL D.		
STREET ADDRESS	702 OBERLIN ROAD			1.3 STREET ADDRESS	702 OBERLIN ROAD		
CITY-ST-ZIP	RALEIGH NC			1.4 CITY-ST-ZIP	RALEIGH NC		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Sanchez, Claude G			2.2 NAME			
STREET ADDRESS	702 Oberlin Road			2.3 STREET ADDRESS			
CITY-ST-ZIP	Raleigh, NC 27605			2.4 CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KING, GEORGE E.			3.2 NAME			
STREET ADDRESS	702 OBERLIN ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	RALEIGH NC			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Lee, Laurence F., Jr.			4.2 NAME			
STREET ADDRESS	702 Oberlin Road			4.3 STREET ADDRESS			
CITY-ST-ZIP	Raleigh, NC 27605			4.4 CITY-ST-ZIP			
TITLE	PV	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEPHANO, STEPHEN L			5.2 NAME			
STREET ADDRESS	702 OBERLIN RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	RALEIGH NC			5.4 CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMM, KEVIN J.			6.2 NAME			
STREET ADDRESS	702 OBERLIN ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	RALEIGH, NC. 27605			6.4 CITY-ST-ZIP			

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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.

RICHARD K. SIFFORD  
 ASSISTANT VP, REGULATORY COMPLIANCE