


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90077 041 ***150.00

USA/333

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 816456

1. Corporation Name
OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA

Principal Place of Business PO BOX 10800 RALEIGH NC 27605	Mailing Address PO BOX 10800 RALEIGH NC 27605
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DO NOT WRITE IN THIS SPACE

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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER STATE OF FLORIDA TALLAHASSEE FL				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLINSON, MICHAEL D.	1.2 NAME	
STREET ADDRESS	702 OBERLIN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27605	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, CLAUDE G	2.2 NAME	KELLOGG, PETER R
STREET ADDRESS	702 OBERLIN RD	2.3 STREET ADDRESS	702 OBERLIN RD
CITY-ST-ZIP	RALEIGH NC 27605	2.4 CITY-ST-ZIP	RALEIGH NC 27605
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 27605	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE JR, LAWRENCE F	4.2 NAME	KERBS, EDWARD A
STREET ADDRESS	702 OBERLIN RD	4.3 STREET ADDRESS	702 OBERLIN RD
CITY-ST-ZIP	RALEIGH NC 27605	4.4 CITY-ST-ZIP	RALEIGH NC 27605
TITLE	PD <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 27605	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	

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: Michael D. Blinson Michael D. Blinson 11/2/99 919-833-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)