


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90172 021 ***150.00

10444000

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

DOCUMENT # P06852
 1. Corporation Name
ABEILLE GENERAL INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 70 PINE STREET 30TH FLOOR NEW YORK NY 10270 US	Mailing Address 70 PINE STREET 30TH FLOOR NEW YORK NY 10270 US
--	--

3. Date Incorporated or Qualified 07/24/1985	Applied For Not Applicable
4. FEI Number 13-2755310	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITAL BUILDING 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	85 Zip Code
	FL

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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	FLAHERTY, THOMAS M
STREET ADDRESS	4501 NORTH POINT PARKWAY
CITY-ST-ZIP	ALPHARETTA GA 30202
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	DOOLEY, WILLIAM N
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK NY 10270
TITLE	S <input type="checkbox"/> DELETE
NAME	TUCK, ELIZABETH M.
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK NY 10270
TITLE	D <input type="checkbox"/> DELETE
NAME	MATTHEWS, EDWARD E
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK NY 10270
TITLE	D <input type="checkbox"/> DELETE
NAME	TIZZIO, THOMAS R
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK NY 10270
TITLE	CD <input type="checkbox"/> DELETE
NAME	SANDLER, ROBERT M
STREET ADDRESS	70 PINE STREET
CITY-ST-ZIP	NEW YORK NY 10270

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>Ms Fate, Carol</i>
2.3 STREET ADDRESS	<i>70 Pine Street</i>
2.4 CITY-ST-ZIP	<i>NEW YORK, NY 10270</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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]* **SIGNATURE REQUIRED** *4/29/99* *212.770.7000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)