DOCUMENT # P0685	2							
Entity Name ABEILLE GENERAL INSURANCE (FILED V						
		01 MAY -1 PM 1:06						
rincipal Place of Business	Mailing Address		SEGRETARYLOFISIDATE					
PINE STREET 'H FLOOR	70 PINE STREET 30TH FLOOR		FAULAHASSEE, FLORIDA					
N YORK NY 10270	NEW YORK NY 10270 US		a naminant ing Kalink bulan jangar mena isan menu anang Bibli alam aram menu menu menu					
Principal Place of Business	3. Mailing Address	<u> </u>						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State	City & State		4. FEI Number 13-2755310 Applied For					
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional					
6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent					
INSURANCE COMMISSIONER		Name						
CAPITAL BUILDING TALLAHASSEE FL 32301		Street Addres	ss (P.O. Box Number is Not Acceptable)					
		City						
The above named entity submits this stateme	ant for the purpose of changing i							
The above harred chary subhits this stateme	and for the parpose of changing i	its registered onlee or regit	scred agent, or bear, in the state or nonida.					
GNATURE	agent and title if applicable. (No	OTE: Registered Agent signature requ	uired when reinstating) DATE					
Signature, typed or printed name of registered	gible FILE NOV	V!!! FEE IS \$150.00	10, Election Campaign Financing _ \$5.00 May Be					
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ANNUAL REPORT FILING

NAME: ABEILLE GENERAL INSURANCE COMPANY

XX ___ ANNUAL REPORT

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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: