
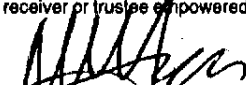


FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
FILED

97 APR 30 PM 3:49

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company INDEPENDENT PREMIUM FINANCE COMPANY (FLORIDA), L.L.C., LIMITED COMPANY 5910 NORTH CENTRAL EXPRESSWAY, SUITE 670 DALLAS TX 75206		DOCUMENT # M94000000088		1a. Principal Place of Business Address 5910 NORTH CENTRAL EXPRESSWAY DALLAS TX 75206	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc		Suite, Apt. #, etc.		09/02/1994	
City & State		City & State		DE	
Zip		Country		4. FEI Number	
				75-2545230	
				5. Date of Last Report	
				04/30/1996	
				3a. State of Formation	
				<input type="checkbox"/> Applied For	
				<input type="checkbox"/> Not Applicable	
				6. Certificate of Status Desired	
				S\$ 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
CORPORATION INFORMATION SERVICES, INC 1201 HAYS STREET TALLAHASSEE FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, etc.		
			City		
			Zip Code		
			FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____				DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	GOSS, RANDALL G	5910 N. CENTRAL EXPRESSWAY		DALLAS TX	
MGRM	BAILEY, ROY W	8115 PRESTON ROAD, 656 PRE		DALLAS TX	
MGRM	PREMIUM FINANCE HOLDIN	5910 N. CENTRAL EXPRESSWAY		DALLAS TX	
				600002169166--6	
				-05/07/97--01044--018	
				****203.75 ****203.75	
				<i>A. Alan</i> 4/30/97	
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date					
Daytime Phone #					