FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08 1996 8:00 am
Secretary of State

DOCUMENT # 578434 (3)

1. Corporation Name

SELF INSURANCE ADMINISTRATORS, INC.

Principal Place of Business
9350 S DIXIE HWY #1580
MIAMI FL 33156

Mailing Address
9350 S DIXIE HWY #1580
MIAMI FL 33156

2. Principal Place of Business
21 8201 S.W. 124 Street
Suite, Apt. #, etc.
22
City & State
23 MIAMI FL.
Zip 24 33156 Country 25 USA

2a. Mailing Address
26 8201 SW 124 Street
Suite, Apt. #, etc.
27
City & State
28 MIAMI FL
Zip 29 33156 Country 30 USA

3. Date Incorporated or Qualified: 07/12/1978
3a. Date of Last Report: 04/21/1995
4. FEI Number: 59-2044201 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LYONS, MICHAEL T
9350 S DIXIE HWY #1580
33156

10. Name and Address of New Registered Agent
81 Name: Lyons, Michael T.
82 Street Address (P.O. Box Number is Not Acceptable): 8201 S.W. 124 street
83
84 City: MIAMI FL 85 Zip Code: 33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: [signature] P.D. April 3, 1996
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	☐ DELETE
NAME	REID, THOMAS P	
STREET ADDRESS	9350 S DIXIE HWY #1580	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VD	☐ DELETE
NAME	REDLUS, BURT E	
STREET ADDRESS	19 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	PD	☐ DELETE
NAME	LYONS, MICHAEL T	
STREET ADDRESS	9350 S DIXIE HWY #1580	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	☒ Change ☐ Addition
3.2 NAME	LYONS, MICHAEL T.	
3.3 STREET ADDRESS	8201 S.W. 124 Street	
3.4 CITY-ST-ZIP	MIAMI FL 33156	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] Pres/Dir 4/3/96 (305) 670-1975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)