

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 636399

1. Entity Name
INSURANCE CONSULTANTS & ANALYSTS, INC.



Principal Place of Business

**2324 CENTERVILLE RD
PO BOX 12909
TALLAHASSEE, FL 32308**

Mailing Address

**4951 LAKE BROOK DRIVE
SUITE 500
GLEN ALLEN, VA 23060**

FILED

04 MAY -3 PM 2:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2439426

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUNT, SCOTT P
STREET ADDRESS	2324 CENTERVILLE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	EP
NAME	HUNT, JOHN E JR
STREET ADDRESS	2324 CENTERVILLE RD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	T
NAME	JILK, DAVID J
STREET ADDRESS	2324 CENTERVILLE RD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VP
NAME	HUNT, RICHARD T
STREET ADDRESS	2324 CENTERVILLE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VPD
NAME	KORMAN, TIMOTHY J
STREET ADDRESS	4951 LAKE BROOK DRIVE, SUITE 500
CITY-ST-ZIP	GLEN ALLEN, VA 23060
TITLE	DS
NAME	WALTER, WALTER L
STREET ADDRESS	4951 LAKE BROOK DRIVE, SUITE 500
CITY-ST-ZIP	GLEN ALLEN, VA 23060

100035361571

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04
Date

804 747-3125
Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 603957 5012152

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pignato

ORDER DATE : April 30, 2004

ORDER TIME : 11:55 AM

ORDER NO. : 603957-055

CUSTOMER NO: 5012152

CUSTOMER: Mr. Michael V. Pollard
Hilb, Rogal And Hamilton
4951 Lake Brook Drive, #500

Glen Allen, VA 23060

ANNUAL REPORT FILING

NAME: INSURANCE CONSULTANTS &
ANALYSTS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: _____

RECEIVED
04 MAY -3 PM 3:01
DEF. DIV. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2052