


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90053 036 \*\*\*150.00

<b>DOCUMENT # 830709</b> 1. Entity Name <b>ARISTAR INSURANCE COMPAMY</b>					
Principal Place of Business <b>HIDDEN RIVER CORP. PARK 8900 GRAND OAK CIRCLE TAMPA, FL 33637 US</b>			Mailing Address <b>HIDDEN RIVER CORP. PARK 8900 GRAND OAK CIRCLE TAMPA, FL 33637 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>04-2275299</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND BLVD. 8900 GRAND OAK CIRCLE FORT LAUDERDALE, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP COE, MICHELLE 999 THRID AVE. SEATTLE, WA 98104</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FVPS Jerry T. Burditty 8900 Grand Oak Circle, Tampa, FL 33637</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPD GODDARD, RICHARD 8900 GRAND OAK CIR TAMPA, FL 33637</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GILBERT, DANIEL J 8900 GRAND OAK CIRCLE TAMPA, FL 33637</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS THURSTON, BEVERLY 8900 GRAND OAK CIRCLE TAMPA, FL 33637</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FVPS TRACY, DEBORAH R 8900 GRAND OAK CIR TAMPA, FL 33637</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD WHITING, GARY E 8900 GRAND OAK CIR TAMPA, FL 33637</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Beverly Thurston</i></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>2/18/04</b> <b>83-032-4555</b> Date Daytime Phone #		