

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 847140 (1)**

1. Corporation Name  
**INTERNATIONAL GENERAL INSURANCE CORP.**

**FILED**  
**95 JUL 21 PM 12:46**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

Principal Place of Business Mailing Address  
**6373 NORTH JEAN NICOLET ROAD POST OFFICE BOX 17888 MILWAUKEE WI 53217**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/06/1980</b>   | 3a. Date of Last Report<br><b>05/01/1994</b>           |
| 4. FEI Number<br><b>39-0993433</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. This corporation has liability for intangible tax under s. 199.035, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER OF FLORIDA  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

|   |
|---|
| B1 Name   |
| B2 Street Address (P.O. Box Number is Not Acceptable) |
| B3  |
| B4 City   |
| FL B5 Zip Code  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, typed or printed name of registered agent and title of registered agent) (Date) (Registered Agent signature has effect when recording) (Date)

| 12. OFFICERS AND DIRECTORS |                                | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------------|--|--|
| TITLE                      | <b>PDT</b>                     | 11 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>BELMORE, FREDERICK M.</b>   | 12 NAME  |  |
| STREET ADDRESS             | <b>10105 N. LEE CT.</b>        | 13 STREET ADDRESS                                      |  |
| CITY ST ZIP                | <b>MEQUON WI</b>               | 14 CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | <b>SV</b>                      | 21 TITLE   |  |
| NAME                       | <b>JACKSON, CHARLES W.</b>     | 22 NAME  |  |
| STREET ADDRESS             | <b>250 E. WISCONSIN AVE.</b>   | 23 STREET ADDRESS                                      |  |
| CITY ST ZIP                | <b>MILWAUKEE WI</b>            | 24 CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | <b>D</b>                       | 31 TITLE   |  |
| NAME                       | <b>FUHRMAN, HAROLD H.</b>      | 32 NAME  |  |
| STREET ADDRESS             | <b>710 N. PLANKINTON</b>       | 33 STREET ADDRESS                                      |  |
| CITY ST ZIP                | <b>MILWAUKEE WI</b>            | 34 CITY ST ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | <b>CVD</b>                     | 41 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BOOTH, ALLEN D.</b>         | 42 NAME  | <b>V</b>   |
| STREET ADDRESS             | <b>2140 CHIPMUNK CT.</b>       | 43 STREET ADDRESS                                      | <b>LLOYD, DANIEL T.</b>  |
| CITY ST ZIP                | <b>BRROKSFIELD WI</b>          | 44 CITY ST ZIP   | <b>WISY NIO217 REGENCY CT. S.</b>  |
| TITLE                      | <b>CD</b>                      | 51 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>BARROW, ROBERT R.</b>       | 52 NAME  | <b>GERMANTOWN WI 53022</b>   |
| STREET ADDRESS             | <b>6373 N. JEAN NICOLE RD.</b> | 53 STREET ADDRESS                                      |  |
| CITY ST ZIP                | <b>MILWAUKEE WI</b>            | 54 CITY ST ZIP   |  |
| TITLE                      | <b>D</b>                       | 61 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>PARKER, CHARLES W.</b>      | 62 NAME  |  |
| STREET ADDRESS             | <b>2907 E. LINWOOD AVE.</b>    | 63 STREET ADDRESS                                      |  |
| CITY ST ZIP                | <b>MILWAUKEE WI</b>            | 64 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)(b), 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: *Daniel T. Lloyd* Daniel T. Lloyd 7/6/95 414-351-1400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (3/95)