

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 847140 (1)

1. Corporation Name

INTERNATIONAL GENERAL INSURANCE CORP.



Principal Place of Business

6373 NORTH JEAN NICOLET ROAD
POST OFFICE BOX 17888
MILWAUKEE WI 53217

Mailing Address

6373 NORTH JEAN NICOLET ROAD
POST OFFICE BOX 17888
MILWAUKEE WI 53217

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
10/06/1980

3a. Date of Last Report
07/21/1995

4. FET Number
39-0993433

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

10. Name and Address of New Registered Agent

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 of person authorized to sign on behalf of the corporation

Signature of Registered Agent or person authorized to sign on behalf of the agent

DATE

12. OFFICERS AND DIRECTORS

TITLE PDT
NAME BELMORE, FREDERICK M.
STREET ADDRESS 10105 N. LEE CT.
CITY-ST-ZIP MEQUON WI ☒ DELETE

TITLE SV
NAME JACKSON, CHARLES W.
STREET ADDRESS 250 E. WISCONSIN AVE.
CITY-ST-ZIP MILWAUKEE WI ☒ DELETE

TITLE D
NAME FUHRMAN, HAROLD H.
STREET ADDRESS 710 N. PLANKINTON
CITY-ST-ZIP MILWAUKEE WI ☒ DELETE

TITLE V
NAME LLOYD, DANIEL T.
STREET ADDRESS W 154 N 0217 REGENCY COURT SOUTH
CITY-ST-ZIP GERMANTOWN WI ☐ DELETE

TITLE CD
NAME BARROW, ROBERT R.
STREET ADDRESS 6373 N. JEAN NICOLE RD.
CITY-ST-ZIP MILWAUKEE WI ☐ DELETE

TITLE D
NAME PARKER, CHARLES W.
STREET ADDRESS 2907 E. LINWOOD AVE.
CITY-ST-ZIP MILWAUKEE WI ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE PD
12 NAME Hopkins, Roberta J.
13 STREET ADDRESS 201 E. Pine St. Suite 600
14 CITY-ST-ZIP Orlando, FL 32801 ☐ Change ☒ Addition

21 TITLE TD
22 NAME Knight, Jon M.
23 STREET ADDRESS 201 E. Pine St. Suite 600
24 CITY-ST-ZIP Orlando, FL 32801 ☐ Change ☒ Addition

31 TITLE VS
32 NAME Rakus Keefe, Lois
33 STREET ADDRESS 201 E. Pine St. Suite 600
34 CITY-ST-ZIP Orlando, FL 32801 ☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE D
52 NAME Barrow, Robert R.
53 STREET ADDRESS 6373 N. Jean Nicolet Rd
54 CITY-ST-ZIP Milwaukee, WI 53217 ☒ Change ☐ Addition

61 TITLE V
62 NAME Adams, Jeffrey K.
63 STREET ADDRESS 3773 Cherry Creek Suite 910
64 CITY-ST-ZIP Denver, CO 80209 ☐ Change ☒ Addition

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 included 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, Vice President

4/30/96

414-351-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)