

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 53217-0888
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2. Principal Place of Business 21 4300 W. Brown Deer Rd. Suite, Apt. #, etc. 22 Suite 325 City & State 23 Milwaukee, WI Zip 24 53223	2a. Mailing Address 26 4300 W. Brown Deer Rd. Suite, Apt. #, etc. 27 Suite 325 City & State 28 Milwaukee, WI Zip 29 53223	Country 25 US 30 US
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3. Date Incorporated or Qualified 10/06/1980	3a. Date of Last Report 05/01/1996
4. FEI Number 39-0993433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 81 Name Robert J. Hopkins 82 Street Address (P.O. Box Number is Not Acceptable) 201 East Pine Street #600 83 84 City Orlando 85 Zip Code FL 32801
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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: *Robert J. Hopkins* Robert J. Hopkins - President 4/29/97
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	PD <input type="checkbox"/> DELETE
NAME	HOPKINS, ROBERTA J
STREET ADDRESS	201 E PINE ST SUITE 600
CITY-ST-ZIP	ORLANDO FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	KNIGHT, JON M
STREET ADDRESS	201 E PINE ST SUITE 600
CITY-ST-ZIP	ORLANDO FL
TITLE	VS <input type="checkbox"/> DELETE
NAME	RAKUS KEEFE, LOIS
STREET ADDRESS	201 E PINE ST SUITE 600
CITY-ST-ZIP	ORLANDO FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	LLOYD, DANIEL T.
STREET ADDRESS	W 154 N 0217 REGENCY COURT SOUTH
CITY-ST-ZIP	GERMANTOWN WI
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BARROW, ROBERT R.
STREET ADDRESS	6373 N JEAN NICOLET RD
CITY-ST-ZIP	MILWAUKEE WI
TITLE	V <input type="checkbox"/> DELETE
NAME	ADAMS, JEFFREY K.
STREET ADDRESS	3773 CHERRY CREEK SUITE 910
CITY-ST-ZIP	DENVER CO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jack Anthony Huggins
1.3 STREET ADDRESS	201 E. Pine Street Suite 600
1.4 CITY-ST-ZIP	Orlando, FL
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas Ray Allen
2.3 STREET ADDRESS	201 E. Pine Street Suite 600
2.4 CITY-ST-ZIP	Orlando, FL
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Paul Seall
3.3 STREET ADDRESS	201 Pine Street Suite 600
3.4 CITY-ST-ZIP	Orlando, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert J. Hopkins* REQUIRED Robert J. Hopkins - President 4/29/97 407/422-1332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)