

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F02000004871

1. Entity Name
INSURERS ADMINISTRATIVE CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 27 AM 8:00

Principal Place of Business
2101 W. PEORIA AVE., SUITE 100
PHOENIX, AZ 85029-4928

Mailing Address
PO BOX 39119
PHOENIX, AZ 85069-9119



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05112004

Chg-P

CR2E034 (10/03)

MRD

4. FEI Number

86-0344191

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
WOOD, STEPHEN A
2101 W. PEORIA AVE., SUITE 100
PHOENIX, AZ 850294925

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300037731543
06/08/04--01005--011 **\$61.25

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCOO
WOOD, SCOTT M
2101 W. PEORIA AVE., SUITE 100
PHOENIX, AZ 850294925

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WOOD, LORRAINE M
2101 W. PEORIA AVE., SUITE 100
PHOENIX, AZ 850294925

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
CHRISTY L. Wood
2101 W. Peoria Ave, Suite 100
Phx, AZ 85029-4925

☒ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change

☐ 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.

SIGNATURE: Stephen A. Wood Stephen A. Wood 5-17-04 (602) 870-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #