

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004871

FILED  
Feb 02, 2006  
Secretary of State

Entity Name: INSURERS ADMINISTRATIVE CORPORATION

**Current Principal Place of Business:**

2101 W. PEORIA AVE., SUITE 100  
PHOENIX, AZ 850294928

**New Principal Place of Business:**

2101 W. PEORIA AVE., SUITE 100  
PHOENIX, AZ 85029

**Current Mailing Address:**

2101 W PEORIA, SUITE 100  
PHOENIX, AZ 850699119

**New Mailing Address:**

2101 W PEORIA, SUITE 100  
PHOENIX, AZ 85029

FEI Number: 86-0344191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEOP ( ) Delete  
Name: WOOD, STEPHEN A  
Address: 2101 W. PEORIA AVE., SUITE 100  
City-St-Zip: PHOENIX, AZ 850294925

Title: VCOO ( ) Delete  
Name: WOOD, SCOTT M  
Address: 2101 W. PEORIA AVE., SUITE 100  
City-St-Zip: PHOENIX, AZ 850294925

Title: S (X) Delete  
Name: WOOD, CHRISTY L  
Address: 2101 W. PEORIA AVE., SUITE 100  
City-St-Zip: PHOENIX, AZ 850294925

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEOP (X) Change ( ) Addition  
Name: WOOD, SCOTT M  
Address: 2101 W. PEORIA AVE., SUITE 100  
City-St-Zip: PHOENIX, AZ 850294925

Title: S (X) Change ( ) Addition  
Name: WOOD, CHRISTY L  
Address: 2101 W. PEORIA AVE., SUITE 100  
City-St-Zip: PHOENIX, AZ 850294925

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT M WOOD

CEOP

02/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date