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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002468**

1. Corporation Name
ARROWHEAD GENERAL INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
6055 LUSK BLVD 2ND FLOOR SAN DIEGO CA 92121 US	P.O. BOX 85303 5375 MIRA SORRENTO PLACE #550 SAN DIEGO CA 92186-5303 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/12/1994

4. FEI Number: 33-0108914 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 402 West Broadway	26 402 West Broadway
Suite, Apt. #, etc. 22 Suite 1600	Suite, Apt. #, etc. 27 Suite 1600
City & State 23 San Diego, CA.	City & State 28 San Diego, CA.
Zip / Country 24 92101 25	Zip / Country 29 92101 30

9. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC.
526 E. PARK AVE., STE. 200
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Pres. / Director	☒ Change ☐ Addition
NAME	KILKENNY, PATRICK J		1.2 NAME		
STREET ADDRESS	6055 LUSK BLVD		1.3 STREET ADDRESS	402 W. Broadway, #1600	
CITY-ST-ZIP	SAN DIEGO CA 92121		1.4 CITY-ST-ZIP	San Diego, CA. 92101	
TITLE	DST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HARMON, MARIANNE		2.2 NAME		
STREET ADDRESS	6055 LUSK BLVD		2.3 STREET ADDRESS	402 W. Broadway, ~~#1600~~ #1400	
CITY-ST-ZIP	SAN DIEGO CA 92121		2.4 CITY-ST-ZIP	San Diego CA. 92101	
TITLE	V	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SIMA, MYRON		3.2 NAME		
STREET ADDRESS	1800 PARK AVE, SUITE 117		3.3 STREET ADDRESS	402 W. Broadway, #1600	
CITY-ST-ZIP	ORANGE PARK FL 32073		3.4 CITY-ST-ZIP	San Diego, CA. 92101	
TITLE	P	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOYE, RICHARD J		4.2 NAME		
STREET ADDRESS	6055 LUSK BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA 92121		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	SCIARRETTE, MARK		5.2 NAME		
STREET ADDRESS	6055 LUSK BLVD		5.3 STREET ADDRESS	402. W. Broadway, #1600	
CITY-ST-ZIP	SAN DIEGO CA 92121		5.4 CITY-ST-ZIP	San Diego, CA 92101	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Marianne Harmon Marianne Harmon 5-27-99 (619) 744-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)