

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000002468 1. Entity Name ARROWHEAD GENERAL INSURANCE AGENCY, INC.	
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Principal Place of Business 402 W BROADWAY STE 1600 SAN DIEGO, CA 92101 US	Mailing Address 402 W BROADWAY STE 1600 SAN DIEGO, CA 92101 US
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0108914	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HIQ CORPORATE SERVICES, INC. 526 E. PARK AVE., STE. 200 TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILKENNY, PATRICK J 402 W BROADWAY #1600 SAN DIEGO, CA 92101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMON, MARIANNE 402 W BROADWAY #1400 SAN DIEGO, CA 92101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT BROWN, SUE 402 W BROADWAY, STE 1600 SAN DIEGO, CA 92101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUYAK, FRANK 402 W BROADWAY, STE 1600 SAN DIEGO, CA 92101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHRANER, BOB 402 W BROADWAY, STE 1600 SAN DIEGO, CA 92101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/21/04-80008-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jim D. Ruyak* 1/21/04 619-744-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #