

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State

0657433 AT

05-20-2003 90069 007 ***550.00

DOCUMENT # F94000002468

1. Entity Name
ARROWHEAD GENERAL INSURANCE AGENCY, INC.



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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **KILKENNY, PATRICK J**
STREET ADDRESS **402 W BROADWAY #1600**
CITY-ST-ZIP **SAN DIEGO CA 92101**

TITLE **Director only** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☐ Delete
NAME **HARMON, MARIANNE**
STREET ADDRESS **402 W BROADWAY #1400**
CITY-ST-ZIP **SAN DIEGO CA 92101**

TITLE **Director only** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **SWEENEY, KIERAN**
STREET ADDRESS **402 W BROADWAY, SUITE 1600**
CITY-ST-ZIP **SAN DIEGO CA 92101**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO** ☐ Delete
NAME **BROWN, SUE**
STREET ADDRESS **402 W BROADWAY, STE 1600**
CITY-ST-ZIP **SAN DIEGO CA 92101**

TITLE **Add: Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Pres** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** ☐ Change ☒ Addition
NAME **Frank Ruyak**
STREET ADDRESS **402 W. Broadway, Suite 1600**
CITY-ST-ZIP **San Diego, CA 92101**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Bob Schraner**
STREET ADDRESS **402 W. Broadway, Suite 1600**
CITY-ST-ZIP **San Diego, CA 92101**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/03

Date

619 744 0619

Daytime Phone #

CR2E034 (10/02)