

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 16 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000003160 (8)**

1. Corporation Name  
**ARROW CLAIMS MANAGEMENT, INC.**

Principal Place of Business

**6405 MIRA MESA BLVD  
2ND FLOOR  
SAN DIEGO CA 92121  
US**

Mailing Address

**5375 MIRA SORRENTO PLACE  
SUITE 550  
SAN DIEGO CA 92121-3804  
US**



2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip

**25**  
Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip

**30**  
Country

3. Date Incorporated or Qualified

**06/16/1994**

3a. Date of Last Report

**03/26/1996**

4. FEI Number

**33-0590296**

Applied For

☐ Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**HIQ CORPORATE SERVICE, INC.  
SUITE 200  
526 E. PARK AVENUE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PC** ☐ DELETE

NAME **FOWLER, GRANT**  
STREET ADDRESS **6405 MIRA MESA BLVD, SUITE 200**  
CITY - ST - ZIP **SAN DIEGO CA**

TITLE **STD** ☐ DELETE

NAME **GEHRING, MARIANNE**  
STREET ADDRESS **5375 MIRA SORRENTO PLACE #550**  
CITY - ST - ZIP **SAN DIEGO CA 92121**

TITLE **VP** ☐ DELETE

NAME **FEDUS, GARY**  
STREET ADDRESS **6405 MIRA MESA BLVD., 2ND FLOOR**  
CITY - ST - ZIP **SAN DIEGO CA**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE **VP/ Director** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**Gary Febus**  
**1300 Oliver Rd, #210**  
**Fairfield, CA 94533**

4.1 TITLE **Director** ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**Kevin McDonald**  
**6405 Mira Mesa Blvd. 2nd Floor**  
**San Diego, CA 92121**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

**SIGNATURE:**

*Marianne Gehring*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Marianne Gehring**

**1/8/97 (619) 677-6000**

Date

Daytime Phone #

CR2E034 (9/96)