

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

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 6055 Lusk Blvd Suite, Apt. #, etc. 22 City & State 23 San Diego, CA Zip Country 24 92121 25 USA		2a. Mailing Address 26 6055 Lusk Blvd. Suite, Apt. #, etc. 27 City & State 28 San Diego, CA Zip Country 29 92121 30 USA		3. Date Incorporated or Qualified 06/16/1994	4. FEI Number 33-0590296 Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 type for person named in Block 9, agent and if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, GRANT	1.2 NAME	
STREET ADDRESS	6405 MIRA MESA BLVD, SUITE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEHRING, MARIANNE	2.2 NAME	
STREET ADDRESS	5375 MIRA SORRENTO PLACE #550	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92121	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDUS, GARY	3.2 NAME	
STREET ADDRESS	1300 OLIVER RD0, #210	3.3 STREET ADDRESS	
CITY-ST-ZIP	FARFIELD CA 94533	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, KEVIN	4.2 NAME	
STREET ADDRESS	6405 MIRA MESA BLVD. 2ND FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92121	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE

Marianna Harmon

CR2E034 (10/97)