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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F95000005178 (7)

## PAYMENT PROTECTION INSURANCE AGENCY, INC.

Principal Place of Business

**DOCUMENT #** 1. Corporation Name

Mailing Address

6 HUTTON CENTRE DRIVE #300

6 HUTTON CENTRE DRIVE #300



•	A CA 92707	SANTA ANA CA 92707			1					
					3. Date	incorporated or	r Qualified	3a. D	ate of Last R	eport
<del>_</del>					1	0/24/1995		<u> </u>		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEIN				l- 1	Applied For
1		26				33-0364499	9			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certi	ficate of Status	Desired			Additional Required
City & State		City & State			6. Elect	ion Campaign F	inancing		\$5.0	May Be
3	•	28			Trust	Fund Contribu	tion			d to Fees
Zip	Country	Zip	Cour	itry	8. This	corporation has	liability for	intangible	e tax under s	199.032,
4	25	·	30		Florid	da Statutes	☐ Yes	<b>₹</b> ]No		
<u> </u>	9. Name and Address of Curren	nt Registered Agent			10. Nam	ne and Addres	s of New F	tegister	ed Agent	
				81 Name						
0.7.00	DODODATION OVETEN		-	B2 Street A	Address /P O Br	x Number is N	ot Acceptat	ılei		
	ORPORATION SYSTEM			82 Street Address (P.O. Box Number is Not Acceptable)			_			
	SOUTH PINE ISLAND ROAD			83						
PLANIA	ATION FL 33324								105 7	o Codo
				84 City				F	EL 85 Z	p Code
11 Purguant t	to the provisions of Sections 607,0502	2 and 607,1508. Florida Statutes	the above	re-named co	rporation submit	ts this statemen	it for the pu	rpose of	changing its	registered office
or register	to the provisions of Sections 607.0502 red agent, or both, in the State of Flori th, and accept the obligations of, Sect	ida. Such change was authorized	d by the c	orporation's	board of director	rs. I hereby acc	ept the app	ointment	as registered	d agent. Lam
	th, and accept the boligations of, Sect	IIOH 007.0000, FIORIDA STATUTES.								
SIGNATURE _	Signsture, typed or printed name of registered agent	Land title if applicable. (NOTE	E: Registered	Agent signature re	equired when reinstate			DAT	<u> </u>	·
12.		ID DIRECTORS	13.		ADD	ITIONS/CHANG	SES TO OFF	ICERS A	AND DIRECTO	DRS IN 12
		DELETE	_						Change	☐ Addition
TiTLE	CCEO	□ DELETE	1. 1 TI	ILE					Cue-ige	
	CCEO	Deteit	1. 1 TI 1.2 NA						☐ charge	
NAME	ANDERSEN, LLOYD R		1.2 NA							
NAME STREET ADORESS	ANDERSEN, LLOYD R 6 HUTTON CENTRE DRIVE		1.2 NA 1.3 ST	me Ree1 address					[] charge	
NAME STREET ADDRESS CITY-ST-ZIP	ANDERSEN, LLOYD R 6 HUTTON CENTRE DRIVE SANTA ANA CA 92707		1.2 NA 1.3 ST	me Reet address 'Y-S1-Zip	EVP. CAO	. Asst S			Change     ★ Change     Change	Addition
NAME STREET ADORESS CITY-ST-ZIP TITLE	ANDERSEN, LLOYD R 6 HUTTON CENTRE DRIVE SANTA ANA CA 92707 CAOD	#300	1.2 NA 1.3 ST 1.4 CH 2 1 TI	ME REET ADDRESS Y-S1-ZIP ILE	EVP, CAO	, Asst S	5, D			
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	ANDERSEN, LLOYD R 6 HUTTON CENTRE DRIVE SANTA ANA CA 92707 CAOD SMITH, GREGORY P	#300	1.2 NA 1.3 ST 1.4 CH 2 1 TI 2 2 NA	ME REET ADDRESS (Y-S1-ZIP ILE ME	EVP, CAO	, Asst S	5, D			
NAME STREET ADORESS GITY-ST-ZIP TITLE NAME STREET ADDRESS	ANDERSEN, LLOYD R 6 HUTTON CENTRE DRIVE SANTA ANA CA 92707 CAOD SMITH, GREGORY P 6 HUTTON CENTRE DRIVE	#300	1.2 NA 1.3 ST 1.4 CF 2 1 TI 2 2 NA 2 3 ST	ME REET ADDRESS Y-S1-ZIP ILE ME REET AODRESS	EVP, CAO	, Asst S	5, D	<u></u>		
NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP	ANDERSEN, LLOYD R 6 HUTTON CENTRE DRIVE SANTA ANA CA 92707 CAOD SMITH, GREGORY P 6 HUTTON CENTRE DRIVE SANTA ANA CA 92707	#300 DELETE	1.2 NA 1.3 ST 1.4 CF 2 1 TI 2 2 NA 2 3 ST 2 4 CF	ME REET ADDRESS IY-ST-ZIP ILE ME REET AODRESS IY-ST-ZIP	EVP, CAO	, Asst S	5, D			
NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ANDERSEN, LLOYD R 6 HUTTON CENTRE DRIVE SANTA ANA CA 92707 CAOD SMITH, GREGORY P 6 HUTTON CENTRE DRIVE SANTA ANA CA 92707 CFOS	#300	1.2 NA 1.3 ST 1.4 CF 2 1 TF 22 NA 23 ST 24 CF 3 1 TF	ME REEI ADDRESS Y-S1-ZIP ILE ME REEI ADDRESS IY-S1-ZIP ILE	EVP, CAO	, Asst S	S, D	,	<b>₹</b> Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ANDERSEN, LLOYD R 6 HUTTON CENTRE DRIVE SANTA ANA CA 92707 CAOD SMITH, GREGORY P 6 HUTTON CENTRE DRIVE SANTA ANA CA 92707 CFOS CATE, PAUL M	#300 DELETE	1.2 NA 1.3 ST 1.4 CF 2 1 TI 2 2 NA 2 3 ST 2 4 CF 3 1 TO 3 2 NA	ME REEL ADDRESS Y-S1-ZIP LLE ME REEL ADDRESS IY-S1-ZIP LLE ME	EVP, CAO	, Asst S	S, D	,	<b>₹</b> Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	ANDERSEN, LLOYD R 6 HUTTON CENTRE DRIVE SANTA ANA CA 92707 CAOD SMITH, GREGORY P 6 HUTTON CENTRE DRIVE SANTA ANA CA 92707 CFOS CATE, PAUL M 6 HUTTON CENTRE DRIVE SANTA ANA CA 92707 V ANDERSEN, ERIC P 6 HUTTON CENTRE DRIVE	#300    DELETE   #300     DELETE   #300     DELETE     DELETE	1.2 NA 1.3 ST 1.4 CF 2 1 TI 22 NA 23 ST 24 CI 3 1 TI 32 NA 33 S 34 CC 4 1 TI 42 NN 43 ST 44 CI 5 1 T 52 NN 53 SS 64 CC 6 1 T 62 N 63 S	ME REEI ADDRESS Y-S1-ZIP ILE ME REEI AODRESS IY-S1-ZIP ILE ME REEI ADDRESS IY-S1-ZIP ILE ME HEEI ADDRESS IY-S1-ZIP ILE ME	EVP, CAO	, Asst S	S, D		Change  Change	Addition  Addition  Addition

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 enect as a 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 popular attachment with an address. Paul M. Cate

4/11/96

(714) 755-6727