

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000005459 (1)

1. Corporation Name

CEDAR HILL ASSURANCE COMPANY



Principal Place of Business

7373 E. DOUBLETREE #150  
SCOTTSDALE AZ 85258

Mailing Address

7373 E. DOUBLETREE #150  
SCOTTSDALE AZ 85258

3. Date Incorporated or Qualified  
11/07/1995

3a. Date of Last Report  
11/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number  
75-1467533

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

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

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 if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE  
NAME DEHAAN, C.H.  
STREET ADDRESS 7373 E. DOUBLETREE #150  
CITY-ST-ZIP SCOTTSDALE AZ 85258

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME SULLIVAN, KEVIN  
STREET ADDRESS 7373 E. DOUBLETREE #150  
CITY-ST-ZIP SCOTTSDALE AZ 85258

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MIZEL, ADAM  
STREET ADDRESS 7373 E. DOUBLETREE #150  
CITY-ST-ZIP SCOTTSDALE AZ 85258

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME SARLITTO, MARK  
STREET ADDRESS 7373 E. DOUBLETREE #150  
CITY-ST-ZIP SCOTTSDALE AZ 85258

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE PT ☐ DELETE  
NAME KAVANAGH, PRESTON  
STREET ADDRESS 7373 E. DOUBLETREE #150  
CITY-ST-ZIP SCOTTSDALE AZ 85258

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME MCCORMICK, JOSEPH  
STREET ADDRESS 7373 E. DOUBLETREE #150  
CITY-ST-ZIP SCOTTSDALE AZ 85258

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

(602) 951-4177

Date

Daytime Phone #

CR2E034 (12/95)