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FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

8777 N GAINCY CTR DR.
STE 250
SCOTTSDALE AZ 85258
US

Mailing Address

8777 N. GAINCY CTR DR
STE 250
SCOTTSDALE AZ 85258
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

75-1467533

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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 if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P
DEHAAN, C.H.
STREET ADDRESS
8777 N GAINCY CTR DR. #250
CITY-ST-ZIP
SCOTTSDALE AZ

TITLE ☐ DELETE

NAME
D
SULLIVAN, KEVIN
STREET ADDRESS
8777 N GAINCY CTR DR, #250
CITY-ST-ZIP
SCOTTSDALE AZ

TITLE ☐ DELETE

NAME
D
MIZEL, ADAM
STREET ADDRESS
8777 N GAINCY CTR DR, #250
CITY-ST-ZIP
SCOTTSDALE AZ

TITLE ☐ DELETE

NAME
D
SARLITTO, MARK
STREET ADDRESS
8777 N GAINCY CTR DR, #250
CITY-ST-ZIP
SCOTTSDALE AZ

TITLE ☐ DELETE

NAME
T
PECK, DAVID G.
STREET ADDRESS
8777 N GAINCY CTR DR, #250
CITY-ST-ZIP
SCOTTSDALE AZ

TITLE ☐ DELETE

NAME
V
MCCORMICK, JOSEPH
STREET ADDRESS
8777 N GAINCY CTR DR, #250
CITY-ST-ZIP
SCOTTSDALE AZ

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 ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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:

[Signature]

DAVID G PECK

4-30-98

602 954 4177

CR2E034 (10/97)