

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90050 036 ***150.00

DOCUMENT # F96000000229

1. Corporation Name

INAMAR INSURANCE UNDERWRITING AGENCY, INC.

Principal Place of Business

2 LIBERTY PL., 1601 CHESTNUT ST
SUITE TL 13A
PHILADELPHIA PA 19192
US

Mailing Address

2 LIBERTY PL., 1601 CHESTNUT ST
SUITE TL13A
PHILADELPHIA PA 19192
US

2. Principal Place of Business

21 1601 Chestnut Street

2a. Mailing Address

26 1601 Chestnut Street

Suite, Apt. #, etc.

22 TL13A

Suite, Apt. #, etc.

27 TL13A

City & State

23 Ph. LA, PA

City & State

28 Ph. LA PA

Zip

24 19192

Country

Zip

29 19192

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

01/12/1996

4. FEI Number

23-2257148

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PALGUTT, WILLIAM
2 LIBERTY PL., 1601 CHESTNUT ST
PHILADELPHIA PA 19192

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
CHAPMAN, ROBERT D
2 LIBERTY PL., 1601 CHESTNUT ST
PHILADELPHIA PA 19192

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
SMITH, KIM M
2 LIBERTY PL., 1601 CHESTNUT ST
PHILADELPHIA PA 19192

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
STAHL, RAYMOND T
2 LIBERTY PL., 1601 CHESTNUT ST
PHILADELPHIA PA 19192

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MULLIGAN, GEORGE D
2 LIBERTY PL., 1601 CHESTNUT ST
PHILADELPHIA PA 19192

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
GARRETT, KENNETH R
1601 CHESTNUT STREET
PHILADELPHIA PA

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, with all other like empowered.

SIGNATURE:

Kim M. Smith 4/23/1999 (215) 761-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)