

PROFIT
CORPORATION
ANNUAL REPORTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90006 015 ***150.00

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1. Corporation Name

INAMAR INSURANCE UNDERWRITING AGENCY, INC.

Principal Place of Business

2 LIBERTY PL. 1601 CHESTNUT ST
SUITE TL 13A
PHILADELPHIA PA 19132
US

Mailing Address

2 LIBERTY PL. 1601 CHESTNUT ST
SUITE TL13A
PHILADELPHIA PA 19132
US

DO NOT WRITE IN THIS SPACE

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 Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1601 Chestnut Street

Suite, Apt. #, etc.

22 TL13A

City & State

23 Phila, PA

Zip

24 19103

Country

2a. Mailing Address

25 1601 Chestnut Street

Suite, Apt. #, etc.

27 TL13A

City & State

28 Phila, PA

Zip

29 19103

Country

9. Name and Address of Current Registered Agent

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

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

TITLE DP ☒ DELETE

NAME PALGUTT, WILLIAM

STREET ADDRESS 2 LIBERTY PL., 1601 CHESTNUT ST

CITY-ST-ZIP PHILADELPHIA PA 19192

TITLE DV ☐ DELETE

NAME CHAPMAN, ROBERT D

STREET ADDRESS 2 LIBERTY PL., 1601 CHESTNUT ST

CITY-ST-ZIP PHILADELPHIA PA 19192

TITLE AS ☒ DELETE

NAME SMITH, KIM M

STREET ADDRESS 2 LIBERTY PL., 1601 CHESTNUT ST

CITY-ST-ZIP PHILADELPHIA PA 19192

TITLE V ☐ DELETE

NAME STAHL, RAYMOND T

STREET ADDRESS 2 LIBERTY PL., 1601 CHESTNUT ST

CITY-ST-ZIP PHILADELPHIA PA 19192

TITLE S ☐ DELETE

NAME MULLIGAN, GEORGE D

STREET ADDRESS 2 LIBERTY PL., 1601 CHESTNUT ST

CITY-ST-ZIP PHILADELPHIA PA 19192

TITLE VT ☐ DELETE

NAME GARRETT, KENNETH R

STREET ADDRESS 1601 CHESTNUT STREET

CITY-ST-ZIP PHILADELPHIA PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DP ☐ Change ☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

DAVID B. CORWIN

4/24/00 215-640-1000