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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000271 (4)

INSURNATIONAL INSURANCE ADMINISTRATORS, INC. UTCI COlmunistration D. N.C.

Prioring! Place of Business

APPROVED AND FILED

1997 APR 30 PM 1: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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|--------------------------------------|--|---|---------------------------------|--------------------------|---|--|--|
| 5201 N. O'CON IRVING TX 7503 | INOR BLVD., STE. 400 39 | 5201 N. O'CONNOR BLVD IRVING TX 75039-3766 |)., STE. 400 | | | | |
| | | | | | 3. Date Incorporated or Qualified 01/17/1996 | 3a. Date of Last Report | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For | |
| 21 | | 26 | | | 75-2401851 | Not Applicable | |
| Suite Apt 22 | Surfe 415 | Suite, Apt. #, etc. | Su | e 475 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State 23 | | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Ζρ 24 | Country 25 | Ζφ 29 | Country 30 | | 8. This corporation has liability for in Florida Statutes | ntangible tax under s. 199.032, Yes No | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Reg | jistered Agent | |
| | JRANCE COMMISSIONER | | 81 | Name | | | |
| CAPITOL TALLAHASSEE FL 32399-0300 | | | 82 | Street Add | Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | | | |
| | | | 84 | City | 1// | FL 85 Zip Code | |
| 11. Pursuant i | to the provisions of Sections 607.0502 egistered agent, or both, in the State of | and 607.1508, Florida Statu f Florida. Such change was | les, the above authorized by | named cor the corpora | poration submits this statement for the plation's board of directors. I hereby accept | urpose of changing its registered it the appointment as registered | |
| | m familiar with, and accept the obligati | ons f. Section 607,0505, Fi | orida Statute: | 3. | 4 | -29-97 | |
| SIGNATURE | Stop after , typed or prisitious are of registered agent | and tile Lapp cable. (NO | TE Registered Age | nt signature requ | ilred when reinstating) | DATE | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFIC | | |
| 11111 | C MORRISON, RAYMOND C JR. | DELETE | 11 TITLE | 1 | 1000021 | 602 0806 - 1276 0600 9701056016 | |
| NAME STREET ADDRESS | 5215 N. O'CONNOR BLVD., STE | : 800 | 1.3 STREET | ' ! | ー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・ | 5.00 ****165.00 | |
| City-St-75 | IRVING TX 75039 | 000 | 1.3 STREET | | 300000000000000000000000000000000000000 | 5,00 | |
| Tilet | DP | ☐ DELETE | 2 1 TITLE | | DIRECTOR | Change Addition | |
| NAME | HARRIGAN, W. BRIAN | | 22 NAME | - | | , , | |
| STREET ADDRESS | 5215 N. O'CONNOR BLVD., STE | E. 300 | 23 STREET | ADDRESS | • | | |
| Cdy-Sl-Z+ | IRVING TX 75039 | | 2 4 CiTY- | ST - ZIP | | | |
| 1-11-1 | V DOLLOOK BOREDE D | ☐ DELETE | 31 TITLE | | | Change | |
| NAME | POLLOCK, ROBERT P | : 400 | 3 2 NAME | | 5201 Nio'Connor B | Stud. Ste475 | |
| STREET ACORESS | 5201 N. O'CONNOR BLVD., STE IRVING TX 75039 | : 1 00 | 3 3 STREET | 1 " | 2017010 (011101 | • | |
| CHY-SI-ZE TIME | ST ST | DELETE | 3.4. CITY - 5 4.1 TITLE | 51-219 | | Change Addition | |
| NAME | JERICHO, JANE B | _ | 4. 2 NAME | | | | |
| STREET ADDRESS | 5215 N. O'CONNOR BLVD., STE | . 30 0 | 4.3 STREET | ADDRESS | | | |
| 011Y-51 7# | IRVING TX 75039 | | 44 CITY-S | | | | |
| 1.11.1 | The second secon | DELETE | 51 TITLE | ार | resident Durki | Change Addition | |
| NAME | | | 5.2 NAME | | James M. Durki. 1201, N. O'Connor | BING. Ste 475 | |
| STREET ADDRESS | | | 5 3 STREET | | Irving Ty 150: | 30 | |
| CHY-SI-ZU | | ☐ DELETE | 5.4 CITY - S | T-ZIP - | - VIII 1 17 130 | | |
| FILE NAME | | ריין מניננונ | 61 TITLE 62 NAME | | | Change L. Addition | |
| STREET ADORESS | | | 6.3 STREET | ADDRESS | | 12/2014 | |
| City-St Zit | | | 6.4 CITY - S | | | Mo. | |
| | ., | | | | | | |

14. I do hereby certily 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 incloated 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:

H Jane 13. Veriche