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1997 APR 30 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000000271 (4) 1. Corporation Name INSURNATIONAL INSURANCE ADMINISTRATORS, INC. WIC Administrator NC 3/31/97			
Principal Place of Business 5201 N. O'CONNOR BLVD., STE. 400 IRVING TX 75039		Mailing Address 5201 N. O'CONNOR BLVD., STE. 400 IRVING TX 75039-3786	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
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 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: Randy A. Shulley 4-29-97			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP C MORRISON, RAYMOND C JR. 5215 N. O'CONNOR BLVD., STE. 800 IRVING TX 75039		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 100002160271-38 -04/30/97--01056--016 ****165.00 ****165.00	
2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP DP HARRIGAN, W. BRIAN 5215 N. O'CONNOR BLVD., STE. 300 IRVING TX 75039		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP DIRECTOR	
3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP V POLLOCK, ROBERT P 5201 N. O'CONNOR BLVD., STE. 400 IRVING TX 75039		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 5201 N. O'CONNOR Blvd. Ste 475	
4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP ST JERICHO, JANE B 5215 N. O'CONNOR BLVD., STE. 300 IRVING TX 75039		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP DELETED		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP President James M. Durkin 5201 N. O'CONNOR Blvd. Ste 475 Irving, Tx 75039	
6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP DELETED		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP 150 4/30/97	
14. I do 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: Jane B. Jericho 4/2/97 972-506-3230			

CR2E034 (9/96)