

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90017 034 ***550.00

NON-PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F97000003248**

1. Corporation Name

NORTH AMERICAN RISK, INC.



Principal Place of Business

**8080 N. CENTRAL EXPWY., STE. 1450
DALLAS TX 75206**

Mailing Address

**8080 N. CENTRAL EXPWY., STE. 1450
DALLAS TX 75206**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1997

4. FEI Number

75-2642383

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. ☐ Yes ☐ No

2. Principal Place of Business

21 **8080 N. CENTRAL EXPWY**

2a. Mailing Address

26 **8080 N. CENTRAL EXPWY**

Suite, Apt. #, etc.

22 **1510**

Suite, Apt. #, etc.

27 **1510**

City & State

23 **DALLAS, TX**

City & State

28 **DALLAS, TX**

Zip

24 **75206**

Country

25 **USA**

Zip

29 **75206**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**F & L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE FL 32202-3527**

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 **C** ☒ DELETE

NAME **COOKE, NICHOLAS M**
STREET ADDRESS **11 VICTORIA ST., 3RD. FL., VICTORIA HALL**
CITY-ST-ZIP **HAMILTON HM 11 BERMUDA**

TITLE **D** ☐ DELETE

NAME **HOPEGOOD, DUNCAN**
STREET ADDRESS **65 LEADENHALL ST.**
CITY-ST-ZIP **LONDON EC 3A 2AD ENGLAND**

TITLE **D** ☒ DELETE

NAME **JONES, GEORGE**
STREET ADDRESS **65 LEADENHALL ST.**
CITY-ST-ZIP **LONDON EC 3A 2AD ENGLAND**

TITLE **D** ☐ DELETE

NAME **SHEEHAN, MICHAEL**
STREET ADDRESS **VICTORIAL HALL 3RD FL., 11 VICTORIA ST.**
CITY-ST-ZIP **HAMILTON HM 11 BERMUDA**

TITLE **P** ☐ DELETE

NAME **QUICK, LEN**
STREET ADDRESS **8080 N CENTRAL EXPWY., STE. 1450**
CITY-ST-ZIP **DALLAS TX 75206**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **EXECUTIVE VICE PRESIDENT** ☐ Change ☒ Addition

1.2 NAME **BARBARA L. ADKINS**
1.3 STREET ADDRESS **8080 N. CENTRAL EXPWY, SUITE 1510**
1.4 CITY-ST-ZIP **DALLAS, TX 75206**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

3.2 NAME **RUPERT WEYNAND**
3.3 STREET ADDRESS **5400 LABS FREEWAY, SUITE 880**
3.4 CITY-ST-ZIP **DALLAS, TX 75240**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **PRESIDENT/CHAIRMAN** ☒ Change ☐ Addition

5.2 NAME **QUICK, LEN**
5.3 STREET ADDRESS **8080 N. CENTRAL EXPWY, SUITE 1510**
5.4 CITY-ST-ZIP **DALLAS, TX 75206**

6.1 TITLE **SENIOR VICE PRESIDENT** ☐ Change ☒ Addition

6.2 NAME **KAY HOUSTON**
6.3 STREET ADDRESS **6311 ATRIUM DRIVE, SUITE 100**
6.4 CITY-ST-ZIP **BRADENTON, FL 34202**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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]*

6/30/99 214-891-7081

CR2E034 (5/99)