

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004600

1. Entity Name

INSPIRE INSURANCE SOLUTIONS, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90052 023 ***158.75

Principal Place of Business

Mailing Address

300 BURNETT ST.
 FORT WORTH TX 76102

300 BURNETT ST.
 FORT WORTH TX 76102-2710

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2595937

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DCEP <input type="checkbox"/> Delete	TITLE	President of COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNHAM, F. GEORGE III	NAME	Jeffrey W. Robinson, CPCU
STREET ADDRESS	300 BURNETT ST.	STREET ADDRESS	300 Burnett Street
CITY-ST-ZIP	FORT WORTH TX 76102	CITY-ST-ZIP	Ft Worth TX 76102
TITLE	D <input type="checkbox"/> Delete	TITLE	VP & Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTEL, HARRY E	NAME	Colleen Wheeler
STREET ADDRESS	300 BURNETT ST.	STREET ADDRESS	300 Burnett St
CITY-ST-ZIP	FORT WORTH TX 76102	CITY-ST-ZIP	Ft Worth TX 76102
TITLE	D <input type="checkbox"/> Delete	TITLE	EVP, Outsourcing Systems <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, R. EARL III	NAME	John Aldredge
STREET ADDRESS	300 BURNETT ST.	STREET ADDRESS	300 Burnett St
CITY-ST-ZIP	FORT WORTH TX 76102	CITY-ST-ZIP	Ft Worth TX 76102
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYNNE, MITCH S	NAME	Daniel E Berce
STREET ADDRESS	300 BURNETT ST.	STREET ADDRESS	300 Burnett St
CITY-ST-ZIP	FORT WORTH TX 76102	CITY-ST-ZIP	Ft Worth TX 76102
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNN, RONALD O	NAME	
STREET ADDRESS	300 BURNETT ST.	STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76102	CITY-ST-ZIP	
TITLE	VCFO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINES, TERRY G	NAME	
STREET ADDRESS	300 BURNETT ST.	STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76102	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Colleen Wheeler* Colleen Wheeler VP & Controller 1/11/2000 817-348-3401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)