

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001026

1. Entity Name

INSURANCE ANSWER CENTER, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90031 017 ***150.00

Principal Place of Business 7930 ALABAMA AVE CANOGA PARK CA 91304 US	Mailing Address 7930 ALABAMA AVE CANOGA PARK CA 91304-4907 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	



DO NOT WRITE IN THIS SPACE

4. FEI Number	95-4547804	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300	Name
	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 _____ (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. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, ALAN	NAME	
STREET ADDRESS	7930 ALABAMA AVE	STREET ADDRESS	
CITY-ST-ZIP	CANOGA PARK CA 91304	CITY-ST-ZIP	
TITLE	EVP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAN, CHONG P	NAME	
STREET ADDRESS	7930 ALABAMA AVE	STREET ADDRESS	
CITY-ST-ZIP	CANOGA PARK CA 91304	CITY-ST-ZIP	
TITLE	SVST	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHBERG, ARTHUR F	NAME	
STREET ADDRESS	7930 ALABAMA AVE	STREET ADDRESS	
CITY-ST-ZIP	CANOGA PARK CA 91304	CITY-ST-ZIP	
TITLE	SVO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAGLE, ELIZABETH M	NAME	
STREET ADDRESS	7930 ALABAMA AVE	STREET ADDRESS	
CITY-ST-ZIP	CANOGA PARK CA 91304	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Arthur F. Rothberg SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E034 (9/99)