

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2005 8:00 am**  
**Secretary of State**

07-12-2005 90038 050 \*\*\*150.00

DOCUMENT # F98000001026

1. Entity Name  
INSURANCE ANSWER CENTER, INC.



Principal Place of Business  
15910 VENTURA BLVD  
ENCINO, CA 91436 US

Mailing Address  
15910 VENTURA BLVD  
ENCINO, CA 91436 US

20062851



2. Principal Place of Business

15910 Ventura Blvd  
Suite, Apt. #, etc.  
14th Floor

3. Mailing Address

15910 Ventura Blvd  
Suite, Apt. #, etc.  
14th Floor

07062005 Chg-P CR2E034 (10/03)

City & State  
Encino CA  
Zip  
91436 Country  
US

City & State  
Encino CA  
Zip  
91436 Country  
US

4. FEI Number  
95-4547804

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SNYDER, ALAN  
STREET ADDRESS 15910 VENTURO BLVD 14TH FL  
CITY-ST-ZIP ENCINO, CA 91436 ☐ Delete

TITLE EVP  
NAME CHAN, CHONG P  
STREET ADDRESS 15910 VENTURO BLVD 14TH FL.  
CITY-ST-ZIP CANOGA PARK, CA 91304 ☒ Delete

TITLE SVO  
NAME BEAGLE, ELIZABETH M  
STREET ADDRESS 15910 VENTURO BLVD  
CITY-ST-ZIP ENCINO, CA 91436 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Secretary  
NAME Neiffer, Steve  
STREET ADDRESS 15910 Ventura Blvd. 14th Floor  
CITY-ST-ZIP Encino CA 91436 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director  
Steven P. Neiffer

Date

Daytime Phone #

7/6/05

818 644-4271