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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90138 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000002480

1. Corporation Name
ARCADIA INSURANCE ADMINISTRATORS, INC.

Principal Place of Business 32991 HAMILTON BLVD., STE 100 FARMINGTON HILLS MI 48334	Mailing Address 32991 HAMILTON BLVD., STE 100 FARMINGTON HILLS MI 48334
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 2700 SANDERS RD
22 City & State	27 TAX- 2 SOUTH
23 Zip Country	28 PROSPECT HEIGHTS, IL
24 Zip Country	29 60070 30

3. Date Incorporated or Qualified 05/01/1998	
4. FEI Number 94-3054027	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUCKERT, RONALD L	
STREET ADDRESS	32991 HAMILTON CT., STE 100	
CITY-ST-ZIP	FARMINGTON HILLS	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHAY, PAUL R	
STREET ADDRESS	2700 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS IL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TITUS, TIMOTHY J	
STREET ADDRESS	32991 HAMILTON COURT STE 100	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZELL, LAWRENCE H	
STREET ADDRESS	32991 HAMILTON COURT STE 100	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	SHOOP, DEBORAH M	
STREET ADDRESS	32991 HAMILTON COURT STE 100	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WINDER, RICHARD S	
STREET ADDRESS	27 SANDERS ROAD	
CITY-ST-ZIP	PROSPECT HEIGHTS IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

SEE ATTACHED

14. 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 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, with all other like empowered.

SIGNATURE: R.S. Winder **4/22/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

F98000002480

401267-90138-28

September 3, 1998

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ARCADIA INSURANCE ADMINISTRATORS, INC.
(formerly TRANSAMERICA INSURANCE ADMINISTRATORS)
Directors & Officers

Director
Director
Director
Director
Director

K. A. Anderson
J. J. Houtteman
D. R. O'Brien
D. M. Shoop
T. J. Titus

President/CEO
Director - Operations
Director - Information Technology
Director - Sales
Director - Financial Control/Treasurer
Director/General Counsel/Secretary
Director/Senior Investment Officer
Vice President & Assistant Secretary
Vice President
Vice President & Assistant Secretary
Vice President
Vice President & Assistant Secretary
Assistant Secretary

D. R. O'Brien
K. A. Anderson
H. D. Speed
J. J. Houtteman
T. J. Titus
D. M. Shoop
W. H. Kesler
M. A. DeLuca
R. A. Gladfelter
P. R. Shay
L. H. Zell
R. S. Winder
K. P. Bryans