

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90058 027 ***150.00

DOCUMENT # F98000002480

1. Entity Name

ARCADIA INSURANCE ADMINISTRATORS, INC.

Principal Place of Business

Mailing Address

**HAMILTON BLVD., STE 100
 HILLS MI 48334**

**SANDERS
 2700 SANDGAS RD.
 TAX- 2 SOUTH
 PROSPECT HEIGHTS IL 60070**

2. Principal Place of Business *CORPORATE*

3. Mailing Address

200 Somerset Blvd.,
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #100

City & State

City & State

Bridgewater, NJ

Zip

Country

Zip

Country

08807

USA

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

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. (See criteria on back)

**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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D.R. O'Brien <i>CORPORATE</i> 200 Somerset Blvd, Suite 100 Bridgewater, NJ 08807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS R.E. Daniel 2700 Sanders Rd, Prospect Heights, IL 60070	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D K.A. Anderson <i>CORPORATE</i> 200 Somerset Blvd, Suite 100 Bridgewater, NJ 08807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD P.A. COLZA <i>CORPORATE</i> K.P. Bryans 200 Somerset Blvd, Suite 100 Bridgewater, NJ 08807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D T.J. Titus J.A. DAVIS <i>CORPORATE</i> 200 Somerset Blvd, Suite 100 Bridgewater, NJ 08807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert E. Daniel **ROBERT E. DANIEL** 4/25/00 (847)564-6762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)