

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91029 046 ***150.00



DOCUMENT # F98000002480
 1. Entity Name
CENTRAL INSURANCE ADMINISTRATORS, INC.

Principal Place of Business: **200 SOMERSET BLVD. SUITE 100 BRIDGEWATER, NJ 08807**
 Mailing Address: **2700 SANDERS ROAD TAX-2 SOUTH PROSPECT HEIGHTS, IL 60070**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country

04212004 Chg-P CR2E034 (10/03)
 4. FEI Number: **94-3054027**
 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 ROAD
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: COZZA, P.A. STREET ADDRESS: 200 SOMERSET BLVD. SUITE 100 CITY-ST-ZIP: BRIDGEWATER, NJ 08807	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: ANDERSON, J.T. STREET ADDRESS: 2700 SANDERS ROAD CITY-ST-ZIP: PROSPECT HEIGHTS, IL 60070	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: TITUS, TIMOTHY J STREET ADDRESS: 200 SOMERSET CORP. BLVD., STE. 100 CITY-ST-ZIP: BRIDGEWATER, NJ 08807	<input type="checkbox"/> Delete	TITLE: DVPT NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BRYANS, K.P. STREET ADDRESS: 200 SOMERSET BLVD. SUITE 100 CITY-ST-ZIP: BRIDGEWATER, NJ 08807	<input checked="" type="checkbox"/> Delete	TITLE: DVPSGC NAME: Homensky, ALAN M. STREET ADDRESS: 200 Somerset Blvd., Ste 100 CITY-ST-ZIP: Bridgewater, NJ 08807	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: COZZA, P.A. STREET ADDRESS: 200 SOMERSET BLVD. SUITE 100 CITY-ST-ZIP: BRIDGEWATER, NJ 08807	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: DAVIS, J.A. STREET ADDRESS: 200 SOMERSET BLVD. SUITE 100 CITY-ST-ZIP: BRIDGEWATER, NJ 08807	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jason T. Anderson **Jason T. Anderson** 4/23/04 847.564.5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #