

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91835 043 ***150.00

DOCUMENT # F98000002480

1. Entity Name
ARCADIA 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-3054027**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

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

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | O'BRIEN, D.R. | |
| STREET ADDRESS | 200 SOMERSET BLVD. SUITE 100 | |
| CITY-ST-ZIP | BRIDGEWATER NJ 08807 | |
| TITLE | AS | <input checked="" type="checkbox"/> Delete |
| NAME | DANIEL, R.E. | |
| STREET ADDRESS | 2700 SANDERS ROAD | |
| CITY-ST-ZIP | PROSPECT HEIGHTS IL 60070 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | TITUS, TIMOTHY J | |
| STREET ADDRESS | 32991 HAMILTON COURT STE 100 | |
| CITY-ST-ZIP | FARMINGTON HILLS MI | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | ANDERSON, K.A. | |
| STREET ADDRESS | 200 SOMERSET BLVD. SUITE 100 | |
| CITY-ST-ZIP | BRIDGEWATER NJ 08807 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COZZA, P.A. | |
| STREET ADDRESS | 200 SOMERSET BLVD. SUITE 100 | |
| CITY-ST-ZIP | BRIDGEWATER NJ 08807 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | DAVIS, J.A. | |
| STREET ADDRESS | 200 SOMERSET BLVD. SUITE 100 | |
| CITY-ST-ZIP | BRIDGEWATER NJ 08807 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | P.A. Cozza | |
| STREET ADDRESS | 200 Somerset Corp Blvd. Ste 100 | |
| CITY-ST-ZIP | Bridgewater, NJ 08807 | |
| TITLE | AS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | J.T. Anderson | |
| STREET ADDRESS | 2700 Sanders Road | |
| CITY-ST-ZIP | Prospect Heights, IL 60070 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 200 Somerset Corp. Blvd Ste 100 | |
| CITY-ST-ZIP | Bridgewater, NJ 08807 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | K. P. Bryans | |
| STREET ADDRESS | 200 Somerset Corp. Blvd. Ste 100 | |
| CITY-ST-ZIP | Bridgewater, NJ 08807 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 Required Jason T. Anderson 4/22/03 847-564-6668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)