2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F99000002828 May 04, 2000 8:00 am Secretary of State SN INSURANCE ADMINISTRATORS, INC. 05-04-2000 90189 030 ***150.00 Principal Place of Business Mailing Address 11171 SUN CENTER DRIVE 11171 SUN CENTER DRIVE RANCHO CORDOVA CA 95670-6113 RANCHO CORDOVA CA 95670 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #, etc. Applied For City & State City & State 4. FEI Number 95-4716074 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FI 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ∑ Delete President/Director X Addition TITLE TITLE NAME PECCHENINO, C. LEN NAME J. Chris Seaman STREET ADDRESS STREET ADDRESS 10310 KOPACHUCK DR. NW 4936 Kilburn Court CITY-ST-ZIP CITY-ST-ZIP GIG HARBOR WA 98335 Oak Park, CA 91377 Addition Delete De Vice President/Assistant Secretary TITLE NAME PECCHENINO, C. LEN NAME Trecia M. Nienow, Esq. STREET ADDRESS STREET ADDRESS 10310 KOPACHUCK DR. NW 11171 Sun Center Drive CITY-ST-ZIP CITY-ST-ZIP GIG HARBOR WA 98335 Rancho Cordova, CA-95670 ☐ Delete TITLE □ Change Addition TITLE 17.3 NAME COOPER, BRADLEY NAME ONE CHASE MANHATTAN PLAZA 44TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10005 ☐ Change ☐ Addition THTLE ☐ Delete GERMIAN, STEVEN D NAME STREET ADDRESS STREET ADDRESS ONE CHASE MANHATTAN PLAZA 44TH FLOOR CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10005 Chairman of the Board/Director Change ☐ Delete ☐ Addition TITLE TITLE NAME GENTZ, WILLIAM L NAME William L. Gentz STREET ADDRESS STREET ADDRESS 26601 AGOURA ROAD 18108 Chardon Circle CITY-ST-ZIP CITY-ST-7IP NEW YORK NY 91302 Encino, CA 91316 Vice President ☐ Delete ☐ Change Addition TITLE TITLE GILBERT, ROGER W NAME NAME Larry G. Hunt STREET ADDRESS STREET ADDRESS 1801 ANTIGUA CIR.

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

31 × 1

Trecia M. Nienow, Assistant Secretary

26541 Agoura Road

916.859.6536

Daytime Phone #