

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000002828

FILED  
Jan 09, 2002  
Secretary of State

Entity Name: SN INSURANCE ADMINISTRATORS, INC.

## Current Principal Place of Business:

3057 LIVE OAK CT.  
DANVILLE, CA 94506

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 2993  
DANVILLE, CA 94526

## New Mailing Address:

FEI Number: 95-4716074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SEAMAN, J CHRIS  
Address: 4936 KILBURN COURT  
City-St-Zip: OAK PARK, CA 91377

Title: SRVP ( ) Delete  
Name: NAGLE, ROBERT  
Address: 49 PEREGAINS CIRCLE  
City-St-Zip: OAK PARK, CA 91377

Title: D ( ) Delete  
Name: COOPER, BRADLEY  
Address: ONE CHASE MANHATTAN PLAZA 44TH FLOOR  
City-St-Zip: NEW YORK, NY 10005

Title: SRVP ( ) Delete  
Name: NIEBUR, ROBERT  
Address: 3057 LIVE OAK CT  
City-St-Zip: DANVILLE, CA 94506

Title: CD (X) Delete  
Name: GENTZ, WILLIAM L  
Address: 18108 CHARDON CIRCLE  
City-St-Zip: ENCINO, CA 91316

Title: VP ( ) Delete  
Name: GOODWIN, GREG  
Address: 10709 W 121ST STREET  
City-St-Zip: OVERLAND PARK, CA 66213

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. NIEBUR

SRVP

01/09/2002

Electronic Signature of Signing Officer or Director

Date