

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90074 004 ****70.00

DOCUMENT # F99000003539

1. Entity Name

INTERNATIONAL ASSOCIATION OF INSURANCE RECEIVERS

Principal Place of Business

**174 GRACE BLVD.
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**174 GRACE BLVD.
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0335737

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEYES, PAULA
174 GRACE BLVD.
ALTAMONTE SPRINGS FL 32714**

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

Paula Keyes Paula Keyes

2/14/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CP** ☒ Delete
NAME **CRAIG, ROBERT F**
STREET ADDRESS **10306 REGENCY PARKWAY DRIVE**
CITY-ST-ZIP **OMAHA NB 68114**

TITLE **Elizabeth Lorette, President** ☒ Change ☐ Addition
NAME **311 W. Washington St**
STREET ADDRESS **Indianapolis IN 46204**
CITY-ST-ZIP

TITLE **VCVP** ☐ Delete
NAME **LOVETTE, ELIZABETH**
STREET ADDRESS **311 W. WASHINGTON STREET**
CITY-ST-ZIP **INDIANAPOLIS IN 46204**

TITLE **I. George Gutfreund, VP** ☐ Change ☒ Addition
NAME **Commerce Court West**
STREET ADDRESS **P.O. Box 31**
CITY-ST-ZIP **Toronto, Ontario, Canada M5L 1B2**

TITLE **D** ☐ Delete
NAME **KEYES, PAULA**
STREET ADDRESS **174 GRACE BLVD.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **Mark Femal, Treasurer** ☐ Change ☒ Addition
NAME **2445 Darwin Rd - Suite 101**
STREET ADDRESS **Madison Wisconsin 53704**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **STINSON, JAMES R**
STREET ADDRESS **ON FIRST NATIONAL PLAZA #4900**
CITY-ST-ZIP **CHICAGO IL 60603**

TITLE **Daniel Orth, VP** ☐ Change ☒ Addition
NAME **8420 West Bryn Mawr Ave**
STREET ADDRESS **Chicago IL 60631**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **GORDON, JAMES A**
STREET ADDRESS **821 NORTH CHARLES STREET**
CITY-ST-ZIP **BALTIMORE MD 21201**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **STEPHENSON, DALE**
STREET ADDRESS **10 WEST MARKET STREET, SUITE 1190**
CITY-ST-ZIP **INDIANAPOLIS IN 46204**

TITLE ☐ Change ☐ 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 617, 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:

Paula Keyes **Paula Keyes**

2/14/01

407-682-3175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)