

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003539

FILED
Apr 26, 2007
Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION OF INSURANCE RECEIVERS, INC.

Current Principal Place of Business:

174 GRACE BLVD.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

174 GRACE BLVD.
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 51-0335737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CANTILO, PATRICK
Address: 7501 NORTH CAPITOL OF TX HIGHWAY, STE. 200
City-St-Zip: AUSTIN, TX 78731

Title: T () Delete
Name: HARTZ, DOUGLAS A
Address: ONE STATE STREET
City-St-Zip: HARTFORD, CT 06103

Title: D () Delete
Name: ORTH, DANIEL
Address: 8420 W BYRN MAWR AVE STE 550
City-St-Zip: CHICAGO, IL 60631

Title: P () Delete
Name: DEVITO, JOSEPH
Address: 7000 BLVD EAST
City-St-Zip: WEST NEW YORK, NJ 07093

Title: S () Delete
Name: BARBAGALLO, WILLIAM
Address: 633 W. FIFTH ST. 59TH FLOOR
City-St-Zip: LOS ANGELES, CA 90071

Title: D () Delete
Name: WATKINS, DANIEL L
Address: 4311 W. 6TH STREET SUITE C
City-St-Zip: LAWRENCE, KS 66049

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CANTILO, PATRICK
Address: 11401 CENTURY OAKS TERRACE SUITE 300
City-St-Zip: AUSTIN, TX 78731

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

Title: D (X) Change () Addition
Name: MILLER, LOWELL E
Address: POST OFFICE BOX 10218
City-St-Zip: RALEIGH, NC 27605

Title: P (X) Change () Addition
Name: DEVITO, JOSEPH
Address: 666 THIRD AVENUE 27TH FLOOR
City-St-Zip: NEW YORK, NY 10017

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 exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA KEYES

ED

04/26/2007

Electronic Signature of Signing Officer or Director

Date