

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 PM 1:18

DOCUMENT # **J63371** (5)

1. Corporation Name  
**INSURERS TECHNICAL SERVICES, INC.**

Principal Place of Business  
**55 ALHAMBRA PLAZA  
CORAL GABLES FL 33134**

Mailing Address  
**P.O. BOX 148061  
CORAL GABLES FL 33114-0061**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/24/1987** 3a. Date of Last Report **03/08/1994**

4. FEI Number **59-2833954** Applied For  Not Applicable

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

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

7. This corporation has liability for intangible tax under S. 100.022, Florida Statutes  Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc. 22. City & State 23. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc. 27. City & State 28. Zip Country

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARSHALL, JOHN D  
INSURERS TECHNICAL SERVICES  
55 ALHAMBRA PLAZA  
CORAL GABLES FL 33134**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**  
NAME **CHAFFIN, RANDELL C**  
STREET ADDRESS **55 ALHAMBRA PLAZA**  
CITY - ST - ZIP **CORAL GABLES FL**

TITLE **DV**  
NAME **MARSHALL, JOHN D**  
STREET ADDRESS **55 ALHAMBRA PLAZA**  
CITY - ST - ZIP **CORAL GABLES FL**

TITLE **S**  
NAME **GORDON, NANCY P**  
STREET ADDRESS **55 ALHAMBRA PLAZA**  
CITY - ST - ZIP **CORAL GABLES FL**

TITLE **DC**  
NAME **GRABO, ANDERS**  
STREET ADDRESS **ONE LIBERTY PLAZA**  
CITY - ST - ZIP **NEW YORK NY**

TITLE **VT**  
NAME **RODRIGUEZ-SCOTT, MARIA L**  
STREET ADDRESS **55 ALHAMBRA PLAZA**  
CITY - ST - ZIP **CORAL GABLES FL**

TITLE **AS**  
NAME **SULTAN, HELEN S**  
STREET ADDRESS **55 ALHAMBRA PLAZA**  
CITY - ST - ZIP **CORAL GABLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME **AS-  
Sultan, Helen-Lv**  
6.3 STREET ADDRESS **55-Alhambra-Plaza**  
6.4 CITY - ST - ZIP **Coral Gables, FL**  
**DELETE**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Randall C. Chaffin April 20, 1995 (305) 461-7400  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Typed Name)