FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 27 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K07612 (0)

1. Corporation Name
AMERICAN LOSS ADJUSTMENT COMPANY

Principal Place of Business	Mailing Address
% TRUMAN J. COSTELLO 12670 NEW BRITTANY BLVD #101 FT. MYERS FL 33907	% TRUMAN J. COSTELLO 12670 NEW BRITTANY BLVD #101 FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1987
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2864304 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COSTELLO, TRUMAN J.
12670 NEW BRITTANY BLVD
SUITE 101
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	☒ Change	☐ Addition
NAME	ALTIERI, RAYMOND	12 NAME	NO LONGER	
STREET ADDRESS	14106 KNOTTINGSLEY PLACE	13 STREET ADDRESS	A DIRECTOR	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	ST	21 TITLE	☐ Change	☐ Addition
NAME	MILITELLO, JOHN P.	22 NAME		
STREET ADDRESS	1001 MEADOW LANE	23 STREET ADDRESS		
CITY-ST-ZIP	HERKIMER NY	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	☐ Change	☐ Addition
NAME	CUCCARO, RONALD A.	32 NAME		
STREET ADDRESS	2230 DOUGLAS CRESCENT	33 STREET ADDRESS		
CITY-ST-ZIP	UTICA NY	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	☐ Change	☐ Addition
NAME	LEVIN, GERALD	42 NAME		
STREET ADDRESS	EATONVILLE RD.	43 STREET ADDRESS		
CITY-ST-ZIP	HERKIMER, NY.	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	P	☒ Change ☐ Addition
NAME	SMITH, RICHARD R.	52 NAME		
STREET ADDRESS	115 ARLINGTON RD	53 STREET ADDRESS		
CITY-ST-ZIP	UTICA NY	54 CITY-ST-ZIP		
TITLE		61 TITLE	VP	☐ Change ☒ Addition
NAME		62 NAME	TOUKATLY, JAMES	
STREET ADDRESS		63 STREET ADDRESS	1135 O'DAY DR	
CITY-ST-ZIP		64 CITY-ST-ZIP	WINTER SPGS, FL 32708	

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 119.07(3)(i), 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: James S Toukatly JAMES S TOUKATLY 2-17-95 407 6600686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0321707 CP