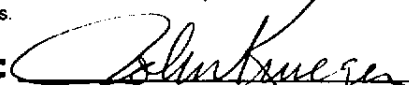


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -2 PM 2: 16 * 3/3	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75		Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M96000000026 INSURANCE CLAIMS CONSTRUCTION COMPANY, L.C. 6000 WESTOWN PARKWAY, SUITE 210W WEST DES MOINES IA 50266				1a. Principal Place of Business Address 6000 WESTOWN PARKWAY, SUITE WEST DES MOINES IA 50266			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 01/22/1996		3a. State of Formation IA	
				4. FEI Number 42-1437309		☐ Applied For ☐ Not Applicable	
				5. Date of Last Report 03/21/1997		6. Certificate of Status Desired \$8.75 Additional Fee Required ☐	
7. Name and Address of Current Registered Agent SUMNER, VIRGINIA 2106 SEAMAN ROAD TAMPA FL 33612				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.							
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)							
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MGRM	BALL, DARRYL	6000 WESTOWN PARKWAY		WEST DE MOINES IA			
MGRM	TAYLOR, JACK	6000 WESTOWN PARKWAY, SUITE		WEST DES MOINES IA			
MGRM	KRUEGAR, JOHN	6000 WESTOWN PKWAY., SUITE		WEST DES MOINES IA			
				700002452047-3 -03/10/98--01033--022 *****188.75 *****188.75			

11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  **John Kruegar, MGRM**

Feb. 26, 1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #