2001 UNIFORM BUSINESS REPORT (UBI

FILED
Aug 09, 2001 8:00 am
Secretary of State
07-24-2001 90020 046 ****61.25

DOCUMENT # N00000000704

1. Entity Name

CAPITAL AREA ASSOCIATION OF HEALTH UNDERWRITERS,

Principal Place of Business	Mailing Address
C/O HUNT INSURANCE GROUP 2324 CENTERVILLE RD. TALLAHASSEE FL 32308	C/O HUNT INSURANCE GROUP 2324 CENTERVILLE RD. TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/OPALMER & CAY CONSULTING	1500 MAHAN DRIVE, SUITE 111
Suite, Apt. #, etc. SUITE 111	Suite, Apt. #, etc.
City & State TALLAHASSEE, FL 32308	City & State
Zip 32308 Country US	Zip Country

4. FEI Number 59-3484664 ☐ 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
HUNT, SCOTT P LUTCF C/O HUNT INSURANCE GROUP 2324 CENTERVILLE RD. TALLAHASSEE FL 32308	Name: JULIA H. HERNDON, LUTCF, HIA Street Address (P.O. Box Number is Not Acceptable): 1500 MAHAN DRIVE, SUITE 111 City: TALLAHASSEE FL Zip Code: 32308

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: Julia H Herndon 7/11/01
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
***After* September 12, 2001, min. will be $236.25**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P OLEWSKI, JOHN C/O EARL BACON AGENCY, P.O. BOX 12039 TALLAHASSEE FL 32317	☒ Delete	P HUNT, SCOTT P, LUTCF 2324 CENTERVILLE RD. TALLAHASSEE, FL 32308	☑ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HERNDON, JULIA C/O PALMER & COX, P.O. BOX 749 TALLAHASSEE FL 32301	☐ Delete D	P HERNDON, JULIA C/O PALMER & CAY, P. O. BOX 749 TALLAHASSEE, FL 32301	☑ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HUNT, SCOTT P C/O HUNT INSURANCE GROUP, P.O. BOX 12909 TALLAHASSEE FL 32317	☐ Delete D	V MEREDITH SCHAEFFER C/O AFLAC, 1311-A PAUL RUSSELL RD., STE.202 TALLAHASSEE, FL 32301	☑ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	T BARBARA PIERCE C/O HUNT INSURANCE GROUP, 2324 CENTERVILLE TALLAHASSEE, FL 32308	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	S PATRICIA MARSHALL C/O PALMER & CAY, P.O.BOX 749 TALLAHASSEE, FL 32301	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (5/01)

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: SIGNATURE REQUIRED 7/11/01 850-877-8181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #