FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
98 AUG 26 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006367 (4)

1. Corporation Name
IDR STATISTICAL SERVICES, INC.

Principal Place of Business	Mailing Address
888 SE THIRD AVENUE SUITE 500 FORT LAUDERDALE FL 33335-9002	888 SE THIRD AVENUE SUITE 500 FORT LAUDERDALE FL 33335-9002

3. Date Incorporated or Qualified: 12/13/1996

4. FEI Number: 65-0728387 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business	2a. Mailing Address
21 5200 Town Center Circle	26 5200 Town Center Circle
22 Suite, Apt. #, etc. Suite 500	27 Suite, Apt. #, etc. Suite 500
23 City & State Boca Raton, FL	28 City & State Boca Raton, FL
24 Zip 33486 / 25 Country Palm Beach	29 Zip 33486 / 30 Country Palm Beach

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOVGREN, LORI A 888 SE THIRD AVENUE SUITE 500 FORT LAUDERDALE FL 33335-9002	81 Name: Lisa Krouse 82 Street Address (P.O. Box Number Is Not Acceptable): C/O Insurance Data Resources, Inc. 83 5200 Town Center Circle, Suite 500 84 City: Boca Raton FL 85 Zip Code: 33486

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Lisa A. Krouse — Lisa A. Krouse — 8-24-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Chairman/D	☒ Change ☐ Addition
NAME	BEEDIE, JAMES		1.2 NAME		
STREET ADDRESS	310 SOUTH MICHIGAN AVE.		1.3 STREET ADDRESS	One Mid America Plaza, Suite 300	
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP	Oakbrook Terrace, IL 60181	
TITLE	D	☐ DELETE	2.1 TITLE	Vice Chairman/D	☒ Change ☐ Addition
NAME	MURRAY, MARTHA W		2.2 NAME		
STREET ADDRESS	1650 MARKET ST., STE. 3400, ONE LIBERTY PL		2.3 STREET ADDRESS	Princeton Pike Corporate Center, Suite 207	
CITY-ST-ZIP	PHILADELPHIA PA		2.4 CITY-ST-ZIP	Lawrenceville, NJ 08648	
TITLE	D	☐ DELETE	3.1 TITLE	Executive VP/D	☒ Change ☐ Addition
NAME	REICHERT, DOUGLAS		3.2 NAME	700002628067---0	
STREET ADDRESS	1133 21ST STREET NW, SUITE 600		3.3 STREET ADDRESS	-08/28/98--01090--003	
CITY-ST-ZIP	WASHINGTON DC 20036		3.4 CITY-ST-ZIP	*****70.00 *****70.00	
TITLE	VD	☒ DELETE	4.1 TITLE	VP, Secretary	☐ Change ☒ Addition
NAME	BEAN, KRISTINE		4.2 NAME	Marvin A. Tenenbaum	
STREET ADDRESS	310 SOUTH MICHIGAN AVE.		4.3 STREET ADDRESS	One Mid America Plaza, Suite 300	
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP	Oakbrook Terrace, IL 60181	
TITLE	P	☐ DELETE	5.1 TITLE	President	☒ Change ☐ Addition
NAME	CAMILLERI, MICHAEL J		5.2 NAME		
STREET ADDRESS	888 SE 3RD AVE, SUITE 500		5.3 STREET ADDRESS	5200 Town Center Circle, Suite 500	
CITY-ST-ZIP	FT. LAUDERDALE FL 33335		5.4 CITY-ST-ZIP	Boca Raton FL 33486	
TITLE	VT	☐ DELETE	6.1 TITLE	VP, Treasurer	☒ Change ☐ Addition
NAME	KINGSBURY, TIMOTHY		6.2 NAME		
STREET ADDRESS	310 SOUTH MICHIGAN AVE.		6.3 STREET ADDRESS	Bank One Center, Suite 3900	
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP	Dallas, TX 75201	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marvin A. Tenenbaum, MARVIN A. TENENBAUM 8/25/98 (630)586-8400

CR2E037 (10/97)