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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000007212

1. Corporation Name
THE FLORIDA INSURANCE FORUM, INC.

Principal Place of Business 112 S WEST STREET 4TH FLOOR ALEXANDRIA VA 22314 US	Mailing Address 1125 S WEST ST 4TH FLOOR ALEXANDRIA VA 22314 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/30/1997
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 54-1882908
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	30

9. Name and Address of Current Registered Agent CORPAMERICA, INC. 1525 S ANDREWS AVENUE SUITE 216 FORT LAUDERDALE FL 33316	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <div style="text-align: right;">FL</div> 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD LACK, DAVID	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	112 S WEST STREET, 4TH FL	1.2 NAME	Marianne Eterno
STREET ADDRESS	ALEXANDRIA BA 22314	1.3 STREET ADDRESS	1275 Milwaukee Ave
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Glenview, IL 60025
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURMAN, JEFF	2.2 NAME	Steve Pitzer
STREET ADDRESS	1275 MILWAUKEE AVE	2.3 STREET ADDRESS	1212 North 96th
CITY-ST-ZIP	LENVI IL	2.4 CITY-ST-ZIP	Omaha, NE 68114
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOMAN, LEE	3.2 NAME	
STREET ADDRESS	7440 WOODLAND HILLS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46278	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* **3/18/99** (703) 936-6200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-11/99