

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90011 017 \*\*\*150.00

**DOCUMENT # P02484**

1. Entity Name  
**INVESTORS INSURANCE CORPORATION**



Principal Place of Business  
**3030 HARTLEY RD, STE. 390  
JACKSONVILLE, FL 32257 US**

Mailing Address  
**3030 HARTLEY RD, STE. 390  
P.O. BOX 56050  
JACKSONVILLE, FL 32241-6050 US**

2. Principal Place of Business  
**8380 Baymeadows Rd**

3. Mailing Address  
**P.O. Box 56050**

Suite, Apt. #, etc.  
**Suite 12**

Suite, Apt. #, etc.

01262006 Chg-P CR2E034 (11/05)

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

4. FEI Number  
**93-0465369**

Applied For  
Not Applicable

Zip  
**32256**

Country  
**Duval**

Zip  
**32241-6050**

Country  
**Duval**

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

**ROWELL, SUSAN F  
3030 HARTLEY RD  
#390  
JACKSONVILLE, FL 32257**

Name

Street Address (P.O. Box Number is Not Acceptable)

**8380 Baymeadows Rd**

**Suite 12**

City  
**Jacksonville**

**FL**

Zip Code  
**32256**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Susan F. Rowell, Exec. V.P.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/31/06**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEOD  
CORCOS, YVES  
15305 DALLAS PKWY., #700  
ADDISON, TX 75001** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DURAND, ROMAIN  
SCOR IMMEUBLE SCOR  
PARIS LA DEFENSE CEDEX, FR 92074** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVPT  
BRILL, JOHN M  
15305 DALLAS PARKWAY #700  
ADDISON, TX 75001** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CSGC  
VERNE, MAXINE H  
199 WATER STREET, 21ST FL  
NEW YORK, NY 100383530** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVD  
POWELL, SUSAN F  
3030 HARTLEY RD #390  
JACKSONVILLE, FL 32257** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ACS  
TELLES, LUCY  
15305 DALLAS PKWY 700  
ADDISON, TX 75001** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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:

*Susan F. Rowell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/06**  
Date

**(800) 749-6992**  
Daytime Phone #