FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:08

DOCUMENT # **P20063** **(4)**

1. Corporation Name
IGF INSURANCE COMPANY, INCORPORATED

Principal Place of Business
2892 106TH STREET
DES MOINES IA 50322

Mailing Address
2892 106TH STREET
DES MOINES IA 50322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/14/1988**
3a. Date of Last Report: **09/27/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **42-1006765** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (DATE)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when manual filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	SYMONS, G GORDON	12 NAME		
STREET ADDRESS	181 UNIVERSITY AVE #1101	13 STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONT M5H 3M7	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	DAGGETT, DENNIS G.	22 NAME		
STREET ADDRESS	2892 106TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE	Secretary - S	☒ Change ☐ Addition
NAME	SORVIK, CAROL J.	32 NAME	Sorvik, Carol J	
STREET ADDRESS	2892 106TH STREET	33 STREET ADDRESS	2892 106th St	
CITY-ST-ZIP	DES MOINES IA	34 CITY-ST-ZIP	Des Moines IA 50322	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SYMONS, ALAN G	42 NAME		
STREET ADDRESS	4720 KINGSWAY DR.	43 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46208	44 CITY-ST-ZIP		
TITLE	PD	51 TITLE		☐ Change ☐ Addition
NAME	SYMONS, DOUGLAS	52 NAME		
STREET ADDRESS	4720 KINGWAY DR	53 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46208	54 CITY-ST-ZIP		
TITLE		61 TITLE	Treasurer - T	☐ Change ☒ Addition
NAME		62 NAME	Mason, John	
STREET ADDRESS		63 STREET ADDRESS	2892 106th St	
CITY-ST-ZIP		64 CITY-ST-ZIP	Des Moines IA 50322	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol J Sorvik CAROL J SORVIK 2-21-95 515-276-2766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0480074 FN