

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P20063 (4)**

1. Corporation Name

**IGF INSURANCE COMPANY, INCORPORATED**



Principal Place of Business

Mailing Address

**2882 106TH STREET  
DES MOINES IA 50322**

**2882 106TH STREET  
DES MOINES IA 50322**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

25 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399**

3. Date Incorporated or Qualified

**07/14/1988**

3a. Date of Last Report

**02/27/1995**

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

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

Signature of Registered Agent (If not a resident of Florida, the signature of the corporation's board of directors must be obtained.)

(NOTE: Registered Agent signature required when re-registering.)

(NOTE: Signature of officer or director required when changing registered office or registered agent.)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>SYMONS, G GORDON</b>	
STREET ADDRESS	<b>181 UNIVERSITY AVE #1101</b>	
CITY - ST - ZIP	<b>TORONTO, ONT M5H 3M7</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>DAGGETT, DENNIS G.</b>	
STREET ADDRESS	<b>2882 106TH STREET</b>	
CITY - ST - ZIP	<b>DES MOINES IA</b>	
TITLE	SS	<input type="checkbox"/> DELETE
NAME	<b>SORVIK, CAROL J.</b>	
STREET ADDRESS	<b>2882 106TH STREET</b>	
CITY - ST - ZIP	<b>DES MOINES IA</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>SYMONS, ALAN G</b>	
STREET ADDRESS	<b>4720 KINGSWAY DR.</b>	
CITY - ST - ZIP	<b>INDIANAPOLIS IN 46206</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>SYMONS, DOUGLAS</b>	
STREET ADDRESS	<b>4720 KINGWAY DR</b>	
CITY - ST - ZIP	<b>INDIANAPOLIS IN 46206</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>MASON, JOHN</b>	
STREET ADDRESS	<b>2882 106TH ST</b>	
CITY - ST - ZIP	<b>DES MOINES IA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(k), 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:

*Carol J Sorvik* **CAROL J SORVIK**

**6/25/96**

**515-276-2766**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/96)