

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P20063 (4)

1. Corporation Name
IGF INSURANCE COMPANY, INCORPORATED

Principal Place of Business
2882 106TH STREET
DES MOINES IA 50322

Mailing Address
2882 106TH STREET
DES MOINES IA 50322-3771



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/14/1988		3a. Date of Last Report 06/28/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 42-1006765		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SYMONS, G GORDON			1.2 NAME			
STREET ADDRESS	181 UNIVERSITY AVE #1101			1.3 STREET ADDRESS			
CITY - ST - ZIP	TORONTO, ONT M5H 3M7			1.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAGGETT, DENNIS G.			2.2 NAME			
STREET ADDRESS	2882 106TH STREET			2.3 STREET ADDRESS			
CITY - ST - ZIP	DES MOINES IA			2.4 CITY - ST - ZIP			
TITLE	SS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SORVIK, CAROL J.			3.2 NAME			
STREET ADDRESS	2882 106TH STREET			3.3 STREET ADDRESS			
CITY - ST - ZIP	DES MOINES IA			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SYMONS, ALAN G			4.2 NAME			
STREET ADDRESS	4720 KINGWAY DR.			4.3 STREET ADDRESS			
CITY - ST - ZIP	INDIANAPOLIS IN 46206			4.4 CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SYMONS, DOUGLAS			5.2 NAME			
STREET ADDRESS	4720 KINGWAY DR			5.3 STREET ADDRESS			
CITY - ST - ZIP	INDIANAPOLIS IN 46206			5.4 CITY - ST - ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASON, JOHN			6.2 NAME			
STREET ADDRESS	2882 106TH ST			6.3 STREET ADDRESS			
CITY - ST - ZIP	DES MOINES IA			6.4 CITY - ST - ZIP			

14. I do 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 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 2-19-97 515 276 2766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)