

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

FILED  
Feb 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P20063** (4)  
1. Corporation Name  
**IGF INSURANCE COMPANY**

Principal Place of Business <b>2882 106TH STREET DES MOINES IA 50322</b>	Mailing Address <b>2882 106TH STREET DES MOINES IA 50322</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/14/1988</b>	
4. FEI Number <b>42-1006765</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Principal Place of Business 21 <b>6000 GRAND AVE</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>6000 GRAND AVE</b> Suite, Apt. #, etc. 27
City & State 23 <b>DES MOINES IA</b> Zip Country 24 <b>50312</b> 25 <b>POLK</b>	City & State 28 <b>DES MOINES IA</b> Zip Country 29 <b>50312</b> 30 <b>POLK</b>

9. Name and Address of Current Registered Agent <b>FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD SYMONS, G GORDON 181 UNIVERSITY AVE #1101 TORONTO, ONT M5H 3M7</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2 Paynters Road Tuckers town Bermuda H502</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DAGGETT, DENNIS G. 2882 106TH STREET DES MOINES IA</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6000 Grand Ave Des Moines IA 50312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SS SORMIK, CAROL J. 2882 106TH STREET DES MOINES IA</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6000 Grand Ave Des Moines IA 50312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SYMONS, ALAN G 4720 KINGSWAY DR. INDIANAPOLIS IN 46208</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SYMONS, DOUGLAS 4720 KINGWAY DR INDIANAPOLIS IN</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MASON, JOHN 2882 106TH ST DES MOINES IA</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6000 Grand Ave Des Moines IA 50312</b>

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 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. Sormik* *Alan G. Symons*

2-13-98

515-274-2746

CR2E034 (10/97)