

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 20 PM 3:38

DOCUMENT # P20063

1. Corporation Name

IGF INSURANCE COMPANY

Principal Place of Business

6000 GRAND AVE
DES MOINES IA 50312
US

Mailing Address

6000 GRAND AVE
DES MOINES IA 50312
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1988

5. FEI Number

42-1006765

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 95

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	SYMONS, G GORDON	2 PAYNTERS ROAD	TUCKERSTOWN BE H502
PD	DAGGETT, DENNIS G.	6000 GRAND AVE	DES MOINES IA 50312
SS S	SORNIK, CAROL J. John Sheeley	6000 GRAND AVE 6000 Grand Avenue	DES MOINES IA 50312 Des Moines, IA 50312
D	SYMONS, ALAN G	4720 KINGWAY DR.	INDIANAPOLIS IN 46208
D	SYMONS, DOUGLAS	4720 KINGWAY DR	INDIANAPOLIS IN
T T	MASON, JOHN Mike Jones	6000 GRAND AVE 6000 Grand Avenue	DES MOINES IA 50312 Des Moines, IA 50312

8. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. SHEELEY

Date

10/13/99

Daytime Phone #

515-633-1185