

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P20063

1. Entity Name

IGF INSURANCE COMPANY

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90344 014 ***150.00

Principal Place of Business

Mailing Address

6000 GRAND AVE
DES MOINES IA 50312
US

6000 GRAND AVE
DES MOINES IA 50312-1417
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

42-1006765

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
SYMONS, G GORDON
2 PAYNTERS ROAD
TUCKERSTOWN BE H502 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Gowdy, Thomas F.
6000 Grand Ave
Des Moines, IA 50312 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DAGGETT, DENNIS G.
6000 GRAND AVE
DES MOINES IA 50312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Dagget, Dennis G.
6000 Grand Ave
Des Moines, IA 50312 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SHEELEY, JOHN
6000 GRAND AVE
DES MOINES IA 50312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SYMONS, ALAN G
4720 KINGSWAY DR.
INDIANAPOLIS IN 46206 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SYMONS, DOUGLAS
4720 KINGWAY DR
INDIANAPOLIS IN ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
YD
Symons, Douglas
4720 Kingsway Dr.
Indianapolis, IN 46206 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
JONES, MIKE
6000 GRAND AVE
DES MOINES IA 50312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mike Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)