| DOCUMENT # P23000 Corporation Name FAMILY INSURANCE CORPORATION Intrincipal Place of Business Mailing Address P 0 BOX 19702 ATTN: TAX DEFT IRVINE CA 92612 S Principal Place of Business 28 Principal Place of Business 28 29 20 20 21 22 23 24 25 26 27 City & State City & State City & State | PROFIT CORPORATION ANNUAL REPORT 1999 | FLORIDA DE Kati Seci | IS \$550.00 EPARTMENT OF STATE herine Harris retary of State OF CORPORATIONS | FILE May 29, 199 Secretary 05-29-1999 90015 0 05-29-1999 90015 0 | 99 8:00 am of State |
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| Set PLD BOX 15702 ATTLE AVE WE CA 58972 DO NOT WRITE ML THS SPACE S ATTLE AVE CA 58927 US 3. Data Incorporated or Guilled 02/15/1989 - Procipal Place of Business Za. Mailorg Address 4. FEI Number Applied For 3. Data Incorporated or Guilled SMIR. Act. #, etc. Sofie. Act. #, etc. Sofie. Act. #, etc. Corptante of Status Desized 1. March and Sofie. Act. #, etc. 20 Country Sofie. Act. #, etc. Country Sofie. Act. #, etc. Sofi | FAMILY INSURANCE CORPO | RATION | | | |
| Principal Place of Busines 2a. Mailing Address 4. EEI Number Applied For Stufis, Apt, #, etc. 39.6043980 [kit Appli, #, etc. 5.0016 Appli, #, etc. 9.00143980 [kit Appli, #, etc. City & State 21 Suite, Appl, #, etc. 5.00179 8. The Comparison of the Compa | Principal Place of Business 8581 TELLER AVE. RVINE CA 92612 S | P O BOX 19702 ATTN: TAX DEPT IRVINE CA 92623 | | 3. Date Incorporated or Qualifed | THIS SPACE |
| Suite, Apit, #, etc. Suite, Apit, #, etc. Suite, Apit, #, etc. Suite, Apit, #, etc. Start, #, Apit, #, etc. Start, | Principal Place of Business | ⊢ | | 4. FEI Number | |
| Zip Country Zip Country Zip Country Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This control readed to current year integrated agent 8. This control readed to current year integrated agent 10. Name and Address of Current Registered Agent PHENTICE-HALL CORPORATION SYSTEM, INC. Bit Name and Address of New Registered Agent 81 Name and Address of New Registered Agent 1201 HAYS STREET SUITE 105 Street Address (P.O. Box Number is Not Acceptable) 83 1 Pursuent to the provisions of Sections 607 0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, to rich, the State of Florids. Such change was authorized by the corporations band of directors. I hereby accept the appointment as registered agent, to rich, the State of Florids. Such change was authorized by the corporations band of directors. I hereby accept the appointment as registered agent, or hor state of matter address. 200 FIGERS AND DIRECTORS 13 ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 2 OFFICERS AND DIRECTORS 13 ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 1116 D 0ELETE 11116 Change Addition 123 OFFICERS AND | Suite, Apt. #, etc. | 27 | | 6 Election Campaign Einapoing | Fee Required |
| 10 10 | Zip Country | Zip | | Trust Fund Contribution S. This corporation owes the current year | Added to Fees |
| TALLAHASSEE FL 32301 FL Bab Zip Code FL Bab Zip Code FL Bab Zip Code Office FL 32301 FL Bab Zip Code Office FL 32301 FL Bab Zip Code Office FL 32301 Code Code Description of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In the State of Florida. Such change as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In the appointment as registered agent. In the State of Florida. Statutes. Bab Zip Code OFFICE RS AND DIRECTORS III Description of mode agent and file 7 appicate agent agent agent and file 7 appicate agent | 9. Name and Address of PRENTICE-HALL CORPORATI | of Current Registered Agent | 81 Name | 10. Name and Address of New Registe | red Ågent |
| Signature, typed or private name of registered agent and site if applicable. (NOTE: Registered Agent Explanation moduled Agent Explanatexplanation moduled Agent Explanation moduled Agent | | | 83 | | |
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