

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAR 31 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** T298226 P29826

1. Corporation Name  
**JMC Insurance Services Corporation**

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**6/15/1990** 3a. Date of Last Report  
**5/1/1994**

4. FEI Number  
**33-0029972** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 **9710 Scranton Rd.** 26 **9710 Scranton Rd.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Ste. 100** 27 **Ste. 100**  
City & State City & State  
23 **San Diego, CA** 28 **San Diego, CA**  
Zip Country Zip Country  
24 **92121** 25 **US** 29 **92121** 30 **US**

**9. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 PINE ISLAND ROAD  
PLANTATION FL 33324**

**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**

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

(NOTE: Registered Agent signature required when registering)

DATE

**12. OFFICERS AND DIRECTORS**

| TITLE | NAME | STREET ADDRESS | CITY, ST, ZIP |
|-------|------|----------------|---------------|
|       |      |                |               |
|       |      |                |               |
|       |      |                |               |
|       |      |                |               |
|       |      |                |               |
|       |      |                |               |
|       |      |                |               |
|       |      |                |               |
|       |      |                |               |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| 1. TITLE           | 2. NAME           | 3. STREET ADDRESS          | 4. CITY, ST, ZIP    | 5. Change                           | 6. Addition              |
|--------------------|-------------------|----------------------------|---------------------|-------------------------------------|--------------------------|
| CEO/D              | James K. Mitchell | 9710 Scranton Rd. Ste. 100 | San Diego, CA 92121 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| President/Director | Brian J. Finneran | 9710 Scranton Rd. Ste. 100 | San Diego, CA 92121 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| CFO/D              | D. Mark Carlson   | 9710 Scranton Rd. Ste. 100 | San Diego, CA 92121 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SVP/GC             | Ross Hansen       | 9710 Scranton Rd. Ste. 100 | San Diego, CA 92121 | <input type="checkbox"/>            | <input type="checkbox"/> |
|                    |                   |                            |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
|                    |                   |                            |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
|                    |                   |                            |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
|                    |                   |                            |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
|                    |                   |                            |                     | <input type="checkbox"/>            | <input type="checkbox"/> |

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04/06/95-01030-006

\*\*\*200.00 \*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:** Ross D. Hansen, Sr. VP/Gen. Counsel 3/14/95 619-450-0055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Printed)