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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # P3

TALLAHASSEE FL 32301

WOODLAND HILLS CA

CITY-ST-ZIP

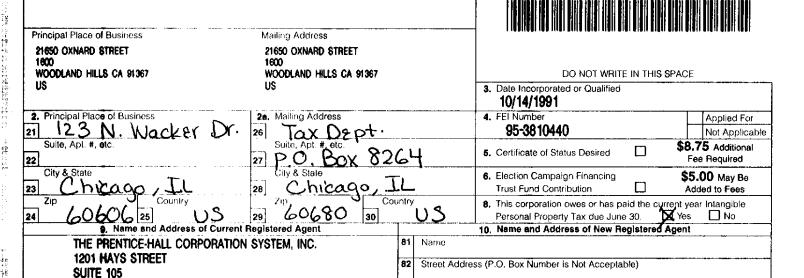
P35914

(1)

SWETT INSURANCE MANAGERS, INC.

FILED
May 18 1998 8:00am
Secretary of State

Zip Code



83 City

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 Louda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature: typod or printed name of registerest agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 1000 Asst. V.P.-Taxes ☐ Change **DOCKENDORF, DENISE D** NAME 12 NAME Susan Fuda 720 OLIVE STREET STREET ADDRESS 1.3 STREET ADDRESS 123 N. Wacker Dr. ST. LOUIS MO CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 21 THEE WALLS, JACQUELYN T 2 2 NAME 21650 OXNARD ST. SUITE 1600 STREET ADDRESS 2 3 STREET ADDRESS **WOODLAND HILLS CA** CITY-ST-ZIP 2 4 City-St-ZiP DELETE Addition 3 1 TITLE Change WARTICK, RONALD NAME 3.2 NAME **109 SOUTH SEVENTH ST** STREET ADDRESS 3.3 STREET ADDRESS MINNEAPOLIS MN CITY-ST-ZIP 3 4. CITY - ST- 7IP DELETE TITLE 4.1 TITLE Change Addition STRONG, KENT L NAME 4. 2 NAME 2260 S XANADU WAY STREET ADDRESS 4.3 STREET ADDRESS **AURORA CO** CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition SCOTT, ROBERT NAME 5.2 NAME 21650 OXNARD STREET, SUITE 1600 STREET ADDRESS 5.3 STREET ADDRESS **WOODLAND HILLS CA** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELFTE Change TITLE 6.1 TITLE Addition STANLEY, WARREN S. NAME 6.2 NAME 21650 OXNARD STREET, SUITE 1600 STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oalh; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of changed, or on an attachment with an address.

04/20/00/212/2012