

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90003 025 ***550.00

DOCUMENT # P93000035479 1. Entity Name INVESTORS INSURANCE GROUP, INC.	
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Principal Place of Business 315 WILLOWBROOK LANE WEST CHESTER, PA 19382 US	Mailing Address 315 WILLOWBROOK LANE WEST CHESTER, PA 19382 US
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54062175



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2574130	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOEBERT, DONALD 506 D.2 SEAOATS DRIVE JUNO BEACH, FL 33408

**DO NOT WRITE
IN THIS SPACE**

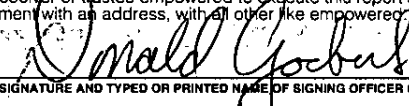
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEBMAN, JESSE H. 1680 HUNTINGDON PINE, #121 HUNTINGDON VALLEY, PA 19006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOEBERT, DONALD F 506 D.2 SEAOATS DRIVE JUNO BEACH, FL 33408
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	7/7/04 Date	610-430-3900 Daytime Phone #
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