FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -3 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071597 (6)

1. Corporation Name
NATIONAL EDUCATION INSURANCE GROUP, INC.

Principal Place of Business	Mailing Address
181 SHERIDAN AVE LONGWOOD FL 32750	181 SHERIDAN AVE LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/29/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 301 E. Hillcrest Street
22 Suite, Apt. #, etc.:
23 City & State: Orlando, FL
24 Zip: 32801
25 Country: ORANGE

2a. Mailing Address
26: 301 E. Hillcrest Street
27 Suite, Apt. #, etc.:
28 City & State: Orlando, FL
29 Zip: 32801
30 Country: ORANGE

4. FEI Number: 59-3282898 ☐ 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

9. Name and Address of Current Registered Agent

TILGHMAN, JOHN
181 SHERIDAN AVE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: JOHN TILGHMAN
82 Street Address (P.O. Box Number is Not Acceptable): 301 E. HILLCREST ST.
83:
84 City: ORLANDO FL 85 Zip Code: 32801

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] 2/24/95
(Required Agent signature required when changing agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D, S	☑ Change ☐ Addition
NAME	MCGRATH, MARION	12 NAME	McGrath, Marion	
STREET ADDRESS	181 SHERIDAN AVE	13 STREET ADDRESS	181 Sheridan Ave.	
CITY-ST-ZIP	LONGWOOD FL 32750	14 CITY-ST-ZIP	Longwood, FL. 32750	
TITLE	D	21 TITLE	D, P	☑ Change ☐ Addition
NAME	TILGHMAN, JOHN	22 NAME	Tilghman, John	
STREET ADDRESS	181 SHERIDAN AVE	23 STREET ADDRESS	301 E. Hillcrest St.	
CITY-ST-ZIP	LONGWOOD FL 32750	24 CITY-ST-ZIP	Orlando, FL 32801	
TITLE		31 TITLE	D	☐ Change ☑ Addition
NAME		32 NAME	Parris, Robert	
STREET ADDRESS		33 STREET ADDRESS	5501 L.B. McLeod Rd	
CITY-ST-ZIP		34 CITY-ST-ZIP	Orlando, FL 32811	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 above, or on an attachment with an address.

SIGNATURE: [signature] John Tilghman, Assistant 2/24/95 407-423-0770
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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