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

85215

APPROVED AND FILED

95 MAY -1 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082876 (1)

1. Corporation Name

HIP INSURANCE COMPANY OF FLORIDA

Principal Place of Business	Mailing Address
VENTURE CORPORATE CENTER III 200 SOUTH PARK ROAD HOLLYWOOD FL 33021	VENTURE CORPORATE CENTER III 200 SOUTH PARK ROAD HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/14/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 65-0545388 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

City & State — 23

City & State — 28

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

Zip — 24 Country — 25 Zip — 29 Country — 30

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

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

01 Name: Steven M. Cohen, President & CEO

02 Street Address (P.O. Box Number is Not Acceptable): Venture Corp. Center III

03: 200 South Park Road

04 City: Hollywood FL 05 Zip Code: 33021

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: Steven M. Cohen — Steven M. Cohen, President & CEO 4/18/95

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	11 TITLE		☐ Change ☐ Addition
NAME	WATSON, ANTHONY L	12 NAME		
STREET ADDRESS	320 EAST 23RD ST.	13 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY 10010	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	COHEN, STEVEN M	22 NAME		
STREET ADDRESS	6185 N.W. 31 AVE.	23 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL 33496	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	NEECK, BERNARD J	32 NAME		
STREET ADDRESS	224 EDSALL TERR.	33 STREET ADDRESS		
CITY ST ZIP	PEARL RIVER NY 10965	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	FASS, MAXINE	42 NAME		
STREET ADDRESS	400 EAST 85TH ST.	43 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY 10028	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	PERRAUD, ROBERT L	52 NAME		
STREET ADDRESS	7960 N.W. 4TH PLACE	53 STREET ADDRESS		
CITY ST ZIP	PLANTATION FL 33317	54 CITY ST ZIP		
TITLE		61 TITLE	$87 5/18	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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 119.07(3)(i), 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: Steven M. Cohen — 4/18/95 — (305)962-3008 ext.4009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003715 CP