

FILED
Jul 28 1997 8:00am
Secretary of State

**INSURANCE & CLAIMS MANAGEMENT GROUP, INC.**[illegible]

3. Date Incorporated or Qualified	3a. Date of Last Report
11/06/1995	05/01/1996
4. FEI Number	Applied For
59-3351612	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
ss (P.O. Box Number is Not Acceptable)	
FL	85 Zip Code

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

CR2E034 (4/97)

SIGNATURE: