**FILED** 

Apr 08, 1999 8:00 am Secretary of State

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000030828 1. Corporation Name

INSURANCE ADMINISTRATORS GROUP, INC.

Principal Place of Business Mailing Address					I I OOK ON THE DESIGNATION OF THE PROPERTY OF				[# <b>88]</b>   <b>8</b> 3]   88]
7801 FOLSOM BLVD.		7801 FOLSOM BLVD.							
SUITE 103		SUITE 103			DO NOT WRITE IN THIS SPACE				
SACRAMENTO CA 95826 SACRAMENTO CA 95		SACRAMENTO CA 95826				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
						04/02/1996			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ap	oplied For
21		26				59-3378092			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u>ب</u> بد			5. Certificate of Status Desired	\$		Additional
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	ntry	,	8. This corporation owes the current y			_
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Regis	stered Age	nt	
THO	MAC LINDOCV MD			81	Name				
	MAS, LINDSEY MR			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
1925 6TH STREET SOUTH NAPLES FL 34102						No.			
NAF	LES FL 34102			83					
				84	City		F. 8	5 Zip	Code
							FL		intered
office or re	agistered agent or both in the State	of Florida, Such change was	authorized	l bv t	the corbora	rporation submits this statement for the purp tion's board of directors. I hereby accept the	appointme	ent as re	igistered
agent. 1 a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Stati	utes.					
SIGNATURE							ATE		
	Signature, typed or printed name of registered age	ent and title if applicable. (NO ND DIRECTORS	TE: Registered	Agent	l signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFICE		IRECTO	DRS IN 12
12.	C OFFICERS AI	DELETE	13. 1.1 TF	ΠF		ADDITIONS/CHANGES TO CITICE		Change	Addition
TITLE	GADDY, GORDON	_ Decere	1.2 NA		-	•			
NAME	1925 6TH STREET SOUTH	•			ADORESS				
STREET ADDRESS	NAPLES FL 34102								
CITY-ST-ZIP	PTS	☐ DELETE	2.1 TF	TY-ST	-ZIP			Change	Addition
TITLE	l * * * * .	— \$ \$ £ £ £ £ £ £	2.2 N				_	•	
NAME	THOMAS, LINDSEY				ADDDECE				
STREET ADDRESS	1925 6TH STREET SOUTH	= = ==			ADDRESS	-			
CITY-ST-ZIP	NAPLES FL 34102	□ DELETE	3.1 TI		T-ZIP		Ē	Change	Addition
TITLE	HAY, DUNCAN R		3.2 N/						
NAME .	7801 FOLSOM BLVD., SUITE	103			ADDRESS				
STREET ADDRESS	SACRAMENTO CA 95826	103		ITY-SI	1				
CITY-ST-ZIP	SACRAMENTO CA 93020		4.1 TI		1-217			Change	☐ Addition
TITLE							L		
NAME		☐ DELETE			1		L		
STREET ADDRESS		☐ DELETE	4. 2 N	AME	ADDDESS	,	L		
Auto / 64 T-		☐ DELETE	4. 2 N 4.3 ST	AME TREET	ADDRESS	<u> </u>	L		
CITY-ST-ZIP			4. 2 N 4.3 ST 4.4 CI	AME TREET TY-ST				] Change	Addition
TITLE		☐ DELETE	4. 2 N 4.3 ST	AME TREET TY-ST TLE		,		] Change	Addition
TITLE NAME			4.2 N 4.3 ST 4.4 Cl 5.1 TT 5.2 N	ame Treet Ty-st Tle Ame		,		] Change	Addition
TITLE NAME STREET ADDRESS			4. 2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N 5.3 ST	ame Treet Ty-st Tle Ame	ADDRESS	,		] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4. 2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N 5.3 ST	AME TY-ST TLE AME TREET	ADDRESS		C	Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ DELETE	4. 2 N 4.3 S1 4.4 Cl 5.1 TI 5.2 N 5.3 S1 5.4 Cl	AME TY-ST TLE AME TREET TY-ST	ADDRESS		C		

14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

8002068248