FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 31, 2001 8:00 am P97000010117 DOCUMENT # **Secretary of State** 1. Entity Name IMPERIAL INSURANCE GROUP, INC. 07-31-2001 90015 009 ***150.00 Principal Place of Business Mailing Address **800 SEAGATE DR** 800 SEAGATE DR **60074548** #204 #204 NAPLES FL 34103 NAPLES FL 34103 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3422938 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEBRE, HAROLD J ESQ Street Address (P.O. Box Number is Not Acceptable) 4001 Tamiami trail north SUITE 300 NAPLES FL 33940 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ■ Addition TITLE PTD □ Delete TITLE SPROUSE, DONALD C NAME NAME STREET ADDRESS STREET ADDRESS **571 NEOPOLITAN LANE** CITY-ST-7/P CITY-ST-ZIP NAPLES FL 34103 Change ☐ Addition TITLE ☐ Delete TITLE VSD NAME NAME STEUK, JEFFRY H STREET ADDRESS 1521 COVINGTON CIRCLE EAST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT MYERS FL 33919 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

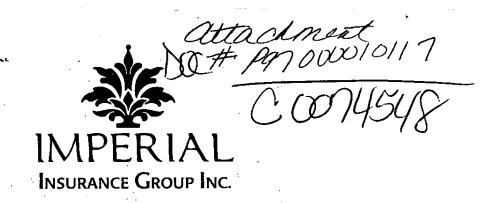
SIGNATURE

ث

SUNATURED SIGNING OFFICER OR DIRECTOR

7-6-01

941-263-0550 Daytime Phone #



July 6, 2001

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee FL 32302 1500

To Whom It May Concern:

This notification was the first one we received for the year 2001. We are not in the habit of paying our bills late.

Please find attached a check in the amount of \$150.00. The original amount due and please accept this as full payment for the year 2001.

Regretfully,

Jeffry H. Stuck

Executive Vice President



