Amended

FILED

04 AUG 16 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000047082

1. Entity Name
CONTRACTORS INSURANCE ADMINISTRATORS, INC. OF FLORIDA

Principal Place of Business	Mailing Address
6300 BRIDGEPOINT PARKWAY BUILDING 3, SUITE 400 AUSTIN, TX 78730 US	6300 BRIDGEPOINT PARKWAY BUILDING 3, SUITE 400 AUSTIN, TX 78730 US

08022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 74-2836206 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) 900040429429 08/23/04--01068--009 **61.25 City FL 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. I am familiar with, and accept the obligations of registered agent.

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

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS SAKOS, RENI 611 CRYSTAL CREEK DR AUSTIN, TX 78758	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/D SAKOS, RENI 6300 BRIDGEPOINT PARKWAY, BLDG. 3, SUITE 400 AUSTIN, TX 78730	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CLINE, GLENNA 1420 DEER LEDGE TRAIL CEDAR PARK, TX 78613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLINE, GLENNA 6300 BRIDGEPOINT PARKWAY, BLDG. 3, SUITE 400 AUSTIN, TX 78730	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOODALE, KRISTIN 10613 SCOTLAND WELL DR AUSTIN, TX 78750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOODALE, KRISTIN 6300 BRIDGEPOINT PARKWAY, BLDG. 3, SUITE 400 AUSTIN, TX 78730	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SULLIVAN, KATHLEEN 6300 BRIDGEPOINT PARKWAY, BLDG. 3, SUITE 400 AUSTIN, TX 78730	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Reni Sakos Reni Sakos 8/10/04 512/652-7529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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