2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000105859



FILED Jan 30, 2008 8:00 am Secretary of State

Principal Place of Business 1390 Man STREET 13	1. Entity Nam	NSURANCE MANAGEMEN						01-30-2008 9	90024 0	21 ***15	0.00
Suite, Apt. #, otc. City & State	1390 MAIN S	STREET	C/O ZENITH INSURANCE COMPANY 21255 CALIFA STREET								
City & State	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Country Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.				01162008	Chg-P	CR2E	034 (12/06)	
Country Country Country Country Country S. Certificate of Status Desired S8.75 Additional Page Required Conference of Page Requi	City & State	е	City & State			1			⊢		
Sincert Andress of New Registered Agent	Zip	Country Zip		Cour	ntrv				\$8.75 Additional		
Corporation Service Company 1201 HAYS STREET 12301 1255 CALIFA STREET 1255 CALIFA S	6. Name and Address of Current Registered Agent						7. Name and	Address of New R	egistered		
Store Andriess (F.O. Box Number is Not Acceptable) City FL Zip Code					Name						
City	1201 HAYS STREET					ddress (I	P.O. Box Numbe	er is Not Acceptable)		
8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE					City		<u></u>			Zip Coo	de
Signature Signature Title D			or the purpose of changing its	s register	ed office or	register	ed agent, or bot	th, in the State of Flo			, and accept
### FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Prust Fund Contribution. 10.											
### Added to Fees 10.		Signature, typed or printed name of registered agen	and title if applicable. (NO	TE: Registere	od Agent signatur	re required	when reinstating)		DATE		
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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: Kari L. Van Gundy, VP & Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

1-18-08 818-713-1000

Daytime Phone #