


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended  
FILED

04 AUG 16 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000047082		
1. Entity Name CONTRACTORS INSURANCE ADMINISTRATORS, INC. OF FLORIDA		

Principal Place of Business 6300 BRIDGEPOINT PARKWAY BUILDING 3, SUITE 400 AUSTIN, TX 78730 US	Mailing Address 6300 BRIDGEPOINT PARKWAY BUILDING 3, SUITE 400 AUSTIN, TX 78730 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

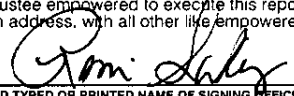


08022004 Chg-P CR2E034 (10/03)

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)	
		300040429429 08/23/04--01068--009 **\$61.25	
		City	FL

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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