

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001972

FILED
Mar 16, 2012
Secretary of State

Entity Name: INTERSECURITIES INSURANCE AGENCY, INC.

Current Principal Place of Business:

570 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

570 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 42-1517005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MILLER, SETH D
Address: 570 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

Title: S
Name: WOLLETT, FRANKLYN J
Address: 570 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

Title: VTD
Name: CHUANG, GEORGE
Address: 570 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

Title: D
Name: PARSONS, DAVID
Address: 570 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANKLYN J WOLLETT

S

03/16/2012

Electronic Signature of Signing Officer or Director

Date