

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001998

FILED
Mar 16, 2011
Secretary of State

Entity Name: WORKLIFE INSURANCE AGENCY, INC.

Current Principal Place of Business:

700 TOWER DR., SUITE 220
TROY, MI 48098

New Principal Place of Business:

Current Mailing Address:

700 TOWER DR., SUITE 220
TROY, MI 48098

New Mailing Address:

FEI Number: 38-3403594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZELLNER, JOEL
10161 CENTURION PARKWAY
SUITE 111
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

ZELLNER, JOEL
6817 SOUTHPOINT PARKWAY
SUITE 403
JACKSONVILLE, FL 32216 US

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

03/16/2011

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: GROULX, STEVEN P
Address: 17505 WEST CATAWBA, SUITE 350
City-St-Zip: CORNELIUS, NC 28031

Title: SECR
Name: FLORKA, ROBERT R
Address: 700 TOWER DR., SUITE 220
City-St-Zip: TROY, MI 48098

Title: TREA
Name: GROULX, STEVEN P
Address: 17505 WEST CATAWBA, SUITE 350
City-St-Zip: CORNELIUS, NC 28031

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: ROBERT R. FLORKA

Electronic Signature of Signing Officer or Director

SECR

03/16/2011

Date