

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005204

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** FREEWAY INSURANCE SERVICES OF FLORIDA, INC.

**Current Principal Place of Business:**

C/O CONFIE SEGUROS HOLDING CO.  
358 FIFTH AVENUE  
NEW YORK, NY 10001

**New Principal Place of Business:**

358 FIFTH AVENUE  
SUITE 1003  
NEW YORK, NY 10001

**Current Mailing Address:**

C/O CONFIE SEGUROS HOLDING CO.  
358 FIFTH AVENUE  
NEW YORK, NY 10001

**New Mailing Address:**

358 FIFTH AVENUE  
SUITE 1003  
NEW YORK, NY 10001

**FEI Number:** 27-4022649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: EVP  
Name: ROTHBERG, MARTIN  
Address: 358 FIFTH AVENUE, SUITE 1003  
City-St-Zip: NEW YORK, NY 10001

Title: D  
Name: RUTLEDGE, ROBERT S  
Address: 4 EMBARCADERO CENTER, SUITE 1900  
City-St-Zip: SAN FRANCISCO, CA 94111

Title: PD  
Name: ADDEO, JOHN  
Address: 358 FIFTH AVENUE, SUITE 1003  
City-St-Zip: NEW YORK, NY 10001

Title: D  
Name: CLARK, JAMES R  
Address: 4 EMBARCADERO CENTER, SUITE 1900  
City-St-Zip: SAN FRANCISCO, CA 94111

Title: S  
Name: IACONO, JOHN P  
Address: 358 FIFTH AVENUE, SUITE 1003  
City-St-Zip: NEW YORK, NY 10001

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: JOHN P. IACONO

S

04/26/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date