2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H31891

FILED Jan 25, 2010 Secretary of State

Entity Name: INSURANCE OFFICE OF AMERICA, INC.

Current Principal Place of Business: New Principal Place of Business:

1855 W. STATE ROAD 434 LONGWOOD, FL 32750 US

Current Mailing Address: New Mailing Address:

PO BOX 162207

ALTAMONTE SPRINGS, FL 327162207 US

FEI Number: 59-2472656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MORAN, THOMAS P. 111 N. ORANGE AVE, SUITE 1200 ORLANDO, FL 32801 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 Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: [

Name: RITENOUR, JOHN K Address: 2165 ALAQUA DRIVE City-St-Zip: LONGWOOD, FL 32779

Title: TREA

Name: SCOVANNER, WESLEY D CFO

Address: 1855 W SR 434

City-St-Zip: LONGWOOD, FL 32750

Title: COO

Name: BERTHELSEN, BRUCE COO Address: 2839 PACES FERRY RD SUITE 1200

City-St-Zip: ATLANTA, GA 30339

Title: SECY

Name: SCOVANNER, WESLEY D CFO

Address: 1855 W SR 434 City-St-Zip: LONGWOOD, FL 32750

Title: CEO

 Name:
 RITENOUR, HEATH

 Address:
 1855 WEST SR 434

 City-St-Zip:
 LONGWOOD, FL 32750

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: WESLEY D. SCOVANNER CFO 01/25/2010