

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 579031

**FILED**  
**Mar 03, 2017**  
**Secretary of State**  
**CC6813926888**

**Entity Name:** INSURADYNE CORP.

**Current Principal Place of Business:**

5300 SOUTH 360 WEST  
SALT LAKE CITY, UT 84123

**Current Mailing Address:**

P. O. BOX 57220  
SALT LAKE CITY, UT 84157-0220

**FEI Number:** 63-0761784

**Certificate of Status Desired:** No

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

SILL, GARRETT S  
5300 SOUTH 360 WEST  
SALT LAKE CITY, FL 84123 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:** GARRETT S. SILL

03/03/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, TREASURER, CFO  
Name SILL, GARRETT S  
Address 5300 S. 360 W. - SUITE 200  
City-State-Zip: SALT LAKE CITY UT 84123

Title PD  
Name QUIST, SCOTT M  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

Title D  
Name MOODY, HOWARD C  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

Title VP  
Name OLSON, DIANA C  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

Title DIRECTOR  
Name COOK, JOHN L  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

Title DIRECTOR  
Name HUNTER, ROBERT G  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

Title DIRECTOR  
Name WILBUR, NORMAN G  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

Title DIRECTOR  
Name FULLER, GILBERT A  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

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*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:** DIANA OLSON

**VICE**  
**PRESIDENT/CONTROLLER**

03/03/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR, VP  
Name OVERBAUGH, JASON G  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

Title SECRETARY  
Name STEPHENS, JEFFREY R  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

Title VP  
Name OVERBAUGH, CHRISTIE Q  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

Title DIRECTOR, VP  
Name QUIST, SCOTT ANDREW  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123

Title VP  
Name QUIST, ADAM G  
Address 5300 SOUTH 360 WEST  
City-State-Zip: SALT LAKE CITY UT 84123