

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F49851

Entity Name: INSURAMERICA OF FLORIDA, INC.

Current Principal Place of Business:

4348 SOUTHPOINT BLVD
STE 200
JACKSONVILLE, FL 32216

Current Mailing Address:

4348 SOUTHPOINT BLVD
STE 200
JACKSONVILLE, FL 32216

FEI Number: 59-2130271

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALTON, BOBBY L
4348 SOUTHPOINT BLVD
STE 200
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

Date

Officer/Director Detail :

Title P
Name WALTON, BOBBY L
Address 4348 SOUTHPOINT BLVD STE 200
City-State-Zip: JACKSONVILLE FL 32216

Title VP, SECRETARY
Name LACY, LISA
Address 4348 SOUTHPOINT BLVD STE 200
City-State-Zip: JACKSONVILLE FL 32216

Title VP
Name WALTON, PEGGY
Address 4348 SOUTHPOINT BLVD, STE 200
City-State-Zip: JACKSONVILLE FL 32216

Title EXECUTIVE VP
Name REGISTER, BRIAN J
Address 4348 SOUTHPOINT BLVD STE 200
City-State-Zip: JACKSONVILLE FL 32216

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: LISA LACY

VICE-PRESIDENT

03/18/2015

Electronic Signature of Signing Officer/Director Detail

Date