2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2015
Secretary of State
CC2712996196

DOCUMENT# H31891

Entity Name: INSURANCE OFFICE OF AMERICA, INC.

Current Principal Place of Business:

1855 W. STATE ROAD 434
LONGWOOD, FL 32750

Current Mailing Address:

1855 W. STATE ROAD 434
LONGWOOD, FL 32750 US

FEI Number: 59-2472656

Certificate of Status Desired: No

Name and Address of Current 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

Officer/Director Detail :

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

Title	D
Name	THURMAN, JON
Address	1855 W. STATE ROAD 434
City-State-Zip:	LONGWOOD FL 32750

Title	CEO
Name	RITENOUR, HEATH
Address	1855 WEST SR 434
City-State-Zip:	LONGWOOD FL 32750

Title	D, CFO
Name	SCOVANNER, WESLEY D
Address	1855 W SR 434
City-State-Zip:	LONGWOOD FL 32750

Title	SECY
Name	WICK, JOHN
Address	1855 W SR 434
City-State-Zip:	LONGWOOD FL 32750

Title	TREASURER
Name	MEYERS, THOMAS
Address	1855 WEST STATE ROAD 434
City-State-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 D, CFO 04/22/2015

Electronic Signature of Signing Officer/Director Detail — Date