

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K49104

**Entity Name:** FIDELITY INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

350 JIM MORAN BLVD.  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

350 JIM MORAN BLVD.  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** 65-0087356

**Certificate of Status Desired:** No

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

UNITED AGENT GROUP INC.  
801 US HWY 1  
N PALM BEACH, FL 33408 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:** JON-MICHAEL SANCHEZ, SPECIAL SECRETARY

04/28/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title GROUP VICE PRESIDENT, DIRECTOR  
Name PRITCHARD, MICHAEL D.  
Address 350 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title VP, GENERAL COUNSEL AND SECRETARY  
Name GUTTUSO, MARIA K  
Address 350 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title PRESIDENT, DIRECTOR  
Name GUNNELL, SCOTT T  
Address 350 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title VP  
Name BLUME, SCOTT A.  
Address 350 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title ASSISTANT SECRETARY  
Name WILLIAMS, CAREN SNEAD  
Address 350 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title VP, CORPORATE TAXES  
Name MAGNER, KIMBERLY M.  
Address 250 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title VP, CHIEF FINANCIAL OFFICER AND ASSISTANT TREASURER  
Name TSE, JASON  
Address 350 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title TREASURER  
Name ROMANO, BRYAN  
Address 150 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

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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:** MARIA K GUTTUSO

SECRETARY

04/28/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ABBINENI, RAVITHEJA  
Address 350 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title DIRECTOR  
Name CHAIT, DANIEL M.  
Address 250 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442

Title DIRECTOR  
Name GUNNELL, SCOTT T  
Address 150 JIM MORAN BLVD.  
City-State-Zip: DEERFIELD BEACH FL 33442