2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2014
Secretary of State
CC2829929237

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Entity Name: INSURANCE PROGRAMS OF AMERICA, INC.

Current Principal Place of Business:

498 S. LAKE DESTINY ROAD
SUITE 200
ORLANDO, FL 32810

Current Mailing Address:

498 S. LAKE DESTINY ROAD
SUITE 200
ORLANDO, FL 32810 US

FEI Number: 20-8400799

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURKEY, JULIE
498 S. LAKE DESTINY ROAD
SUITE 200
ORLANDO, FL 32810 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, VP, S	Title	D, T, CFO
Name	BURKEY, JULIE	Name	BURKEY, GARY
Address	149 JAMES PLACE	Address	149 JAMES PLACE
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
Title	D	Title	P
Name	BURKEY, STEFAN D	Name	HAGLE, CHRISTOPHER
Address	498 S. LAKE DESTINY ROAD SUITE 200	Address	498 S. LAKE DESTINY ROAD SUITE 200
City-State-Zip:	ORLANDO FL 32810	City-State-Zip:	ORLANDO FL 32810

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: CHRISTOPHER HAGLE PRESIDENT 02/11/2014

Electronic Signature of Signing Officer/Director Detail — Date