

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000047727

**FILED**  
**Feb 05, 2024**  
**Secretary of State**  
**4551468530CC**

**Entity Name:** INSURCO INSURANCE AND FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

2850 SOUTH FEDERAL HIGHWAY  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

2850 SOUTH FEDERAL HIGHWAY  
DELRAY BEACH, FL 33483

**FEI Number:** 27-0555880

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTE  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CHAIRMAN, CEO  
Name MORSE, III, EDWARD J.  
Address 2850 SOUTH FEDERAL HIGHWAY  
City-State-Zip: DELRAY BEACH FL 33483

Title COO, EVP  
Name HOFFMAN, RANDY  
Address 2850 SOUTH FEDERAL HIGHWAY  
City-State-Zip: DELRAY BEACH FL 33483

Title VP  
Name COLLELA, CARMELO  
Address 2850 SOUTH FEDERAL HIGHWAY  
City-State-Zip: DELRAY BEACH FL 33483

*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:** RANDY HOFFMAN

COO/EVP

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date