

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000005898

Entity Name: SINGLE INTEREST INSURANCE INC.

Current Principal Place of Business:

P.O. 267
LUTZ, FL 33548

Current Mailing Address:

P.O. BOX 267
LUTZ, FL 33548-0267 US

FEI Number: 27-1764612

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, RICHARD
6518 US HWY 19N
NEW PORT RICHEY, FL 34652 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: RICHARD WILLIAMS

03/24/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TRAVERS, STEPHEN H.
Address P.O. BOX 267
City-State-Zip: LUTZ FL 33548-0267

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: STEPHEN H. TRAVERS

PRESIDENT

03/24/2017

Electronic Signature of Signing Officer/Director Detail

Date