

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000068992

**Entity Name:** THE INSURANCE CONSULTING GROUP, INC.

**Current Principal Place of Business:**

2019 OSPREY LANE SUITE C  
LUTZ, FL 33549

**Current Mailing Address:**

P.O. BOX 1955  
MANGO, FL 33550 US

**FEI Number: 59-3526240**

**Certificate of Status Desired: No**

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

BRAUN, MITCHELL V  
2019 OSPREY LANE SUITE C  
LUTZ, FL 33549 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 VP  
Name DUKE, LOYD A  
Address 2019 OSPREY LANE SUITE C  
City-State-Zip: LUTZ FL 33549

Title P  
Name BRAUN, MITCHELL V  
Address 2019 OSPREY LANE SUITE C  
City-State-Zip: LUTZ FL 33549

Title VP  
Name TOWNSEND, DWAYANE  
Address 2019 OSPREY LANE SUITE C  
City-State-Zip: LUTZ FL 33549

*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: MITCHELL V. BRAUN**

**PRESIDENT**

**04/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date