

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000006792

**FILED**  
**Jan 15, 2013**  
**Secretary of State**  
**CC9619729441**

**Entity Name:** INSURANCE INSTITUTE FOR BUSINESS & HOME SAFETY  
INCORPORATED

**Current Principal Place of Business:**

4775 E FOWLER AVE.  
TAMPA, FL 33617

**Current Mailing Address:**

4775 E FOWLER AVE.  
TAMPA, FL 33617

**FEI Number: 23-2049143**

**Certificate of Status Desired: No**

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

ROCHMAN, JULIE A  
4775 E FOWLER AVE.  
TAMPA, FL 33617 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  
Name ROCHMAN, JULIE  
Address 4775 E FOWLER  
City-State-Zip: TAMPA FL 33617

Title D  
Name BALLEEN, DEBRA  
Address 4775 E FOWLER  
City-State-Zip: TAMPA FL 33617

Title D  
Name REINHOLD, TIMOTHY  
Address 4775 E FOWLER  
City-State-Zip: TAMPA FL 33617

Title D  
Name O'CONNOR, BRENDA  
Address 4775 E FOWLER  
City-State-Zip: TAMPA FL 33617

Title D  
Name COPE, ANNE  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

*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 617, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JULIE ROCHMAN**

**PRESIDENT/CEO**

**01/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date