

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000004222

**Entity Name:** DEVONSHIRE INSURANCE AGENCY INC.**Current Principal Place of Business:**100 SALEM STREET, 03N  
SMITHFIELD, RI 02917**Current Mailing Address:**ONE DESTINY WAY #WA1M  
WESTLAKE, TX 76262 US**FEI Number:** 04-2710779**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
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 PRESIDENT, DIRECTOR  
Name CUMMINGS, ROBERT J  
Address 100 SALEM STREET, 03N  
City-State-Zip: SMITHFIELD RI 02917

Title TREASURER  
Name MEI, MILES  
Address 100 SALEM STREET, 03N  
City-State-Zip: SMITHFIELD RI 02917

Title SECRETARY  
Name SHEA, EDWARD M  
Address 100 SALEM STREET, 03N.  
City-State-Zip: SMITHFIELD RI 02917

Title VP  
Name JOHNSON, WILLIAM J  
Address 100 SALEM STREET, 03N  
City-State-Zip: SMITHFIELD RI 02917

Title VP  
Name LAUREN, JEREMY J  
Address 100 SALEM STREET, 03N  
City-State-Zip: SMITHFIELD RI 02917

Title VP  
Name WOLLAM, BRETT  
Address 100 SALEM STREET, 03N  
City-State-Zip: SMITHFIELD RI 02917

Title VP  
Name BRACHER-CUMMINGS, MICHELLE  
Address 100 SALEM STREET, 03N  
City-State-Zip: SMITHFIELD RI 02917

Title VP  
Name BROWN, ROBERT H  
Address 100 SALEM STREET, 03N  
City-State-Zip: SMITHFIELD RI 02917

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*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: EDWARD M SHEA****SECRETARY****03/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name DANAHY, JOHN  
Address 100 SALEM STREET, 03N  
City-State-Zip: SMITHFIELD RI 02917

Title DIRECTOR  
Name ROGER, SERVISON  
Address 100 SALEM STREET, 03N  
City-State-Zip: SMITHFIELD RI 02917

Title OFFICER  
Name LEARY, BRIAN  
Address 100 SALEM STREET, 03N  
City-State-Zip: SMITHFIELD RI 02917