

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002931

Entity Name: C&F INSURANCE AGENCY, INC.

FILED
Jan 15, 2018
Secretary of State
CC6096487668

Current Principal Place of Business:

1208 MASSILLON ROAD
SUITE G200
AKRON, OH 44306

Current Mailing Address:

1208 MASSILLON ROAD
SUITE G200
AKRON, OH 44306 US

FEI Number: 34-1920152

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 VP
Name RUSHOVICH, DENNIS C
Address 1208 MASSILLON ROAD
SUITE G200
City-State-Zip: AKRON OH 44306

Title VP
Name SACHS, CHRISTOPHER R
Address 1208 MASSILLON ROAD
SUITE G200
City-State-Zip: AKRON OH 44306

Title VP
Name THOMPSON, LYNN M
Address 1208 MASSILLON ROAD
SUITE G200
City-State-Zip: AKRON OH 44306

Title ASST. SECRETARY
Name ADAMS, PATRICIA M
Address 1208 MASSILLON ROAD
SUITE G200
City-State-Zip: AKRON OH 44306

Title PRESIDENT, CEO, CHAIRMAN
Name ADEE, MARK J
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07962

Title EXECUTIVE VICE PRESIDENT
Name MCGEDDY, GARY J
Address 5 CHRISTOPHER WAY
3RD FLOOR
City-State-Zip: EATONTOWN NJ 07724

Title VP
Name DEBARE, HOWARD
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07962

Title SECRETARY
Name KRAUS, JAMES V
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07962

Continues on page 2

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: PATRICIA M. ADAMS

ASSISTANT SECRETARY 01/15/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT VICE PRESIDENT
Name WHITAKER, DOROTHY D
Address 2850 LAKE VISTA DRIVE
SUITE 150
City-State-Zip: LEWISVILLE TX 75067

Title ASSISTANT VICE PRESIDENT
Name WOODS, LAUREN
Address 5 CHRISTOPHER WAY
3RD FLOOR
City-State-Zip: EATONTOWN NJ 07724

Title DIRECTOR
Name SLIMOWICZ, ANTHONY
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07962

Title VP
Name KAPLAN, DAVID C.
Address 140 WEST STREET, SUITE 301
City-State-Zip: MIDDLEFIELD CT 06455

Title ASSISTANT VICE PRESIDENT
Name SPENCER, MELODY
Address 2850 LAKE VISTA DRIVE
SUITE 150
City-State-Zip: LEWISVILLE TX 75067

Title VP
Name SCAGLIONE, CARMINE
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07962

Title DIRECTOR, SENIOR VICE
PRESIDENT, CFO
Name PALADINO, ARLEEN
Address 305 MADISON AVE.
City-State-Zip: MORRISTOWN NJ 07962

Title VP
Name OBREGON, JAMES M.
Address 10752 DEERWOOD PARK BOULEVARD
SOUTH WATERVIEW II, SUITE 100
City-State-Zip: JACKSONVILLE FL 32256