

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002931

Entity Name: PETSMARKETING INSURANCE.COM AGENCY, INC.

Current Principal Place of Business:

3840 GREENTREE AVENUE SW
CANTON, OH 44706

Current Mailing Address:

3840 GREENTREE AVENUE SW
CANTON, OH 44706

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 3840 GREENTREE AVENUE SW
City-State-Zip: CANTON OH 44706

Title VP
Name SACHS, CHRISTOPHER R
Address 3840 GREENTREE AVENUE SW
City-State-Zip: CANTON OH 44706

Title VP
Name THOMPSON, LYNN M
Address 3840 GREENTREE AVENUE SW
City-State-Zip: CANTON OH 44706

Title ASST. SECRETARY
Name ADAMS, PATRICIA M
Address 3840 GREENTREE AVENUE SW
City-State-Zip: CANTON OH 44706

Title CHAIRMAN
Name LIBBY, DOUGLAS M
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07962

Title PRESIDENT, DIRECTOR
Name ADEE, MARK J
Address 10350 RICHMOND AVENUE
SUITE 250/300
City-State-Zip: HOUSTON TX 77042

Title EXECUTIVE VICE PRESIDENT, CFO,
DIRECTOR
Name ROBERTSON, MARY JANE
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

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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: PATRICIA ADAMS

ASSISTANT SECRETARY 01/23/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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 SPENCER, MELODY
Address 2850 LAKE VISTA DRIVE
SUITE 150
City-State-Zip: LEWISVILLE TX 75067

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

Title ASSISTANT VICE PRESIDENT
Name SCHNEIDER, SONYA
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