

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001508

**Entity Name:** SECURITY ONE INSURANCE AGENCY CORPORATION

**Current Principal Place of Business:**

5600 BRAINERD RD  
SUITE 1A  
CHATTANOOGA, TN 37411

**Current Mailing Address:**

5600 BRAINERD RD  
SUITE 1A  
CHATTANOOGA, TN 37411

**FEI Number:** 20-3046396

**Certificate of Status Desired:** No

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

FLORIDA COMMISSIONER OF INSURANCE  
200 E GAINES STREET  
TALLAHASSEE, FL 32399 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 DP  
Name ELKINS, DAVID M  
Address ONE EAST WACKER DRIVE  
City-State-Zip: CHICAGO IL 60601

Title S  
Name LUPETINI, ELIZABETH C  
Address ONE EAST WACKER DRIVE  
City-State-Zip: CHICAGO IL 60601

Title T  
Name ALCAZAR, GREGORY G  
Address ONE EAST WACKER DRIVE  
City-State-Zip: CHICAGO IL 60601

Title D  
Name COX, TIMOTHY C  
Address 5600 BRAINERD ROAD, SUITE 1A  
City-State-Zip: CHATTANOOGA TN 37411

*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:** TIMOTHY C. COX

**DIRECTOR**

**02/12/2013**

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

\_\_\_\_\_  
Date