

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000003924

**FILED**  
**Feb 18, 2015**  
**Secretary of State**  
**CC0061228827**

**Entity Name:** TRIAD INSURANCE MANAGEMENT & SERVICES AGENCY, INC.

**Current Principal Place of Business:**

116 JOHN ROBERT THOMAS DR., SUITE A  
EXTON, PA 19341

**Current Mailing Address:**

PO BOX 1587  
EXTON, PA 19341

**FEI Number: 23-3060386**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
C/O CT 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, TREASURER, DIRECTOR  
Name STAZZONE, JOSEPH  
Address 116 JOHN ROBERT THOMAS DRIVE,  
SUITE A  
City-State-Zip: EXTON PA 19341

Title PRESIDENT, SECRETARY, DIRECTOR  
Name ONARO, JAMES D  
Address 116 JOHN ROBERT THOMAS DRIVE,  
SUITE A  
City-State-Zip: EXTON PA 19341

Title VP, ASST. TREASURER  
Name DASCALOFF, LISA A  
Address 116 JOHN ROBERT THOMAS DRIVE,  
SUITE A  
City-State-Zip: EXTON PA 19341

*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: ONARO , JAMES D**

**PRESIDENT/DIRECTOR**

**02/18/2015**

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

\_\_\_\_\_  
Date