

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000003924

**FILED**  
**Apr 12, 2018**  
**Secretary of State**  
**CC2032904429**

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

**Current Principal Place of Business:**

117 JOHN ROBERT THOMAS DR.  
EXTON, PA 19341

**Current Mailing Address:**

PO BOX 1587  
EXTON, PA 19341 US

**FEI Number: 23-3060386**

**Certificate of Status Desired: No**

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

3H AGENT SERVICES, INC.  
1415 PANTHER LANE - STE. 327  
NAPLES, FL 34109 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,  
                     SECRETARY, TREASURER  
Name            ONARO, JAMES D  
Address        117 JOHN ROBERT THOMAS DR.  
City-State-Zip: EXTON PA 19341

Title            VP, ASST. TREASURER  
Name            DASCALOFF, LISA A  
Address        117 JOHN ROBERT THOMAS DRIVE  
City-State-Zip: EXTON PA 19341

Title            VP  
Name            SWING, ELIZABETH  
Address        117 JOHN ROBERT THOMAS DR.  
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: ELIZABETH SWING**

**VICE PRESIDENT**

**04/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date