

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 12, 2013
Secretary of State
CC1812708022

Entity Name: WORKLIFE INSURANCE AGENCY, INC.

Current Principal Place of Business:

700 TOWER DR., SUITE 220
TROY, MI 48098

Current Mailing Address:

700 TOWER DR., SUITE 220
TROY, MI 48098

FEI Number: 38-3403594

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 PRES
Name FLORKA, ROBERT R
Address 700 TOWER DRIVE
 SUITE 220
City-State-Zip: TROY MI 48098

Title SECR
Name FLORKA, ROBERT R
Address 700 TOWER DR., SUITE 220
City-State-Zip: TROY MI 48098

Title TREA
Name FLORKA, ROBERT R
Address 700 TOWER DRIVE
 SUITE 220
City-State-Zip: TROY MI 48098

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: ROBERT R FLORKA

PRESIDENT

02/12/2013

Electronic Signature of Signing Officer/Director Detail

Date