

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004842

Entity Name: IMA INSURANCE AGENCY, INC.**Current Principal Place of Business:**306 MAIN ST, THE DAY BUILDING
5TH FLOOR
WORCESTER, MA 01608**Current Mailing Address:**306 MAIN ST, THE DAY BUILDING
5TH FLOOR
WORCESTER, MA 01608**FEI Number:** 04-2470972**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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	CEO
Name	HERMAN-STROHECKER, LAURA BETH
Address	11 MAY ST
City-State-Zip:	LUNENBURG MA 01462

Title	CEO
Name	HERMAN-STROHECKER, LAURA BETH
Address	11 MAY ST
City-State-Zip:	LUNENBURG MA 01462

Title	VCPS
Name	HERMAN, PETER HOWARD
Address	306 MAIN ST, THE DAY BUILDING
City-State-Zip:	WORCESTER MA 01608

Title	D
Name	HERMAN, LOIS LOU
Address	135 OAK CREST DRIVE
City-State-Zip:	FRAMINGHAM MA 01701

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: LAURA BETH HERMAN-STROHECKER

CEO

01/24/2020

Electronic Signature of Signing Officer/Director Detail_____
Date