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.

PRESIDENT

SIGNATURE: ROBERT TURNER

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

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

Officer/Director Detail :

| Title | P | Title | V |
|-----------------|----------------------------|-----------------|----------------------------|
| Name | TURNER, ROBERT C | Name | TURNER, MARY F |
| Address | 108 JULIENTON ISLAND DRIVE | Address | 108 JULIENTON ISLAND DRIVE |
| City-State-Zip: | BRUNSWICK GA 31520 | City-State-Zip: | BRUNSWICK GA 31520 |
| Title | ST | | |
| Name | CREWS, CHERYL A | | |
| Address | 9251 BROWNTOWN ROAD | | |
| City-State-Zip: | WAYNESVILLE GA 31566 | | |

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F1000000815

Entity Name: TURNER & ASSOCIATES INSURANCE, INC.

Current Principal Place of Business:

ONE SAINT ANDREWS COURT SUITE 101 BRUNSWICK, GA 31520

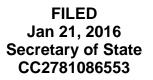
Current Mailing Address:

PO BOX 40 BRUNSWICK, GA 31521

FEI Number: 65-1187320

Name and Address of Current Registered Agent:

USA-RA LLC 841 PRUDENTIAL DR 12TH FLR JACKSONVILLE, FL 32207 US



01/21/2016

Date

Date