

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000004927

**Entity Name:** ROANOKE INTERNATIONAL INSURANCE AGENCY, INC.**Current Principal Place of Business:**1475 E. WOODFIELD ROAD  
500  
SCHAUMBURG, IL 60173**Current Mailing Address:**1475 E. WOODFIELD ROAD  
500  
SCHAUMBURG, IL 60173**FEI Number:** 36-3968922**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	PC
Name	STERRETT, WILLIAM D
Address	1475 E. WOODFIELD ROAD, SUITE 500
City-State-Zip:	SCHAUMBURG IL 60173

Title	SENIOR VICE PRESIDENT, DIRECTOR
Name	VALATKAS, JAMES
Address	1475 E. WOODFIELD ROAD 500
City-State-Zip:	SCHAUMBURG IL 60173

Title	EVS
Name	CAHALAN, JAMES L
Address	1475 E. WOODFIELD ROAD, SUITE 500
City-State-Zip:	SCHAUMBURG IL 60173

Title	EVP, DIRECTOR
Name	WALSH, JOHN
Address	1475 E. WOODFIELD ROAD 500
City-State-Zip:	SCHAUMBURG IL 60173

Title	EVP, DIRECTOR
Name	GROFF, KAREN
Address	1475 E. WOODFIELD ROAD 500
City-State-Zip:	SCHAUMBURG IL 60173

*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:** JAMES CAHALAN**SECRETARY****01/23/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date