2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2010
Secretary of State

DOCUMENT# 854362

Entity Name: COORDINATED INSURANCE CENTER, INC.

Current Principal Place of Business:

1250 W BROADWAY
PRINCETON, IN 476701138

New Principal Place of Business:

Current Mailing Address:

1250 W BROADWAY
PRINCETON, IN 476701138

New Mailing Address:

FEI Number: 35-1536340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRECELIUS, ROBERT A
6052 WHITE TIP ROAD
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DVP
Name: ANDREWS, BETH A
Address: 916 E. CYNTHIA TRAIL
City-St-Zip: GOODLETTSVILLE, TN

Title: PSTD
Name: ANDREWS, DAVID S
Address: 916 E. CYNTHIA TRAIL
City-St-Zip: GOODLETTSVILLE, TN

Title: VP
Name: CRECELIUS, ROBERT A JR
Address: 6052 WHITE TIP ROAD
City-St-Zip: JACKSONVILLE, FL 32258

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: DAVID S. ANDREWS PRES 09/11/2010

Electronic Signature of Signing Officer or Director Date