

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003998

Entity Name: C.P.A. INSURANCE COMPANY

FILED
Mar 26, 2011
Secretary of State

Current Principal Place of Business:

5600 W. MAPLE
SUITE D-417
WEST BLOOMFIELD, MI 48322

New Principal Place of Business:

5600 W. MAPLE RD.
SUITE D-417
WEST BLOOMFIELD, MI 48322

Current Mailing Address:

P.O. BOX 250010
WEST BLOOMFIELD, MI 483250010

New Mailing Address:

FEI Number: 38-0391970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PRES
Name: RUBINO, DOUGLAS F
Address: 705 BOLSANA
City-St-Zip: LAGUNA BEACH, CA 92651

Title: VPRE
Name: SHEAR, STEPHANIE H
Address: 6317 RHEA AVE
City-St-Zip: TARZANA, CA 91335

Title: ST
Name: EASTWOOD, JULIEANN
Address: 185 S TRISH CT
City-St-Zip: ANAHEIM HILLS, CA 92808

Title: DIR
Name: STANICK, KATHY P
Address: 10369 GREYSTONE CT
City-St-Zip: BRIGHTON, MI 48114

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: DOUGLAS RUBINO

PRES

03/26/2011

Electronic Signature of Signing Officer or Director

Date