

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002044

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** GREENWOOD INTERNATIONAL INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

225 FRANKLIN STREET  
SUITE 1201  
BOSTON, MA 02110

**New Principal Place of Business:**

333 SOUTH STREET  
SUITE 400  
SHREWSBURY, MA 01545

**Current Mailing Address:**

225 FRANKLIN STREET  
SUITE 1201  
BOSTON, MA 02110

**New Mailing Address:**

333 SOUTH STREET  
SUITE 400  
SHREWSBURY, MA 01545

**FEI Number:** 04-3524319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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: CEO  
Name: BOISVERT, DANIEL G  
Address: 333 SOUTH STREET, STE. 400  
City-St-Zip: SHREWSBURY, MA 01545

Title: COO  
Name: SULLIVAN, JOSEPH W  
Address: 333 SOUTH STREET, STE. 400  
City-St-Zip: SHREWSBURY, MA 01545

Title: PD  
Name: FOLEY, JOHN P  
Address: 601 POYDRAS ST., STE. 2800  
City-St-Zip: NEW ORLEANS, LA 70130

Title: TD  
Name: NODIER, ALICIA  
Address: 601 POYDRAS ST., STE. 2800  
City-St-Zip: NEW ORLEANS, LA 70130

Title: SD  
Name: LAGRONE, DANIEL E  
Address: 601 POYDRAS ST., STE. 2600  
City-St-Zip: NEW ORLEANS, LA 70130

Title: D  
Name: MELOCH, MICHAEL  
Address: 3810 PHEASANT RIDGE DRIVE  
City-St-Zip: MINNEAPOLIS, MN 55449

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: DANIEL E. LAGRONE

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03/20/2012

Electronic Signature of Signing Officer or Director

Date