2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006050

Entity Name: S. F. & C. INSURANCE ASSOCIATES, INC.

FILED Apr 05, 2011 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|---|----------------------------------|------------------------------------|--------------------------------------|--|
| 7400 YORK ROAD SUITE 201 TOWSON, MD 21204 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 7400 YORK ROAD SUITE 201 TOWSON, MD 21204 | | | | |
| FEI Number: 52-1226458 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and | | | Address of New Registered Agent: | |
| NATIONAL CORPORATE 515 EAST PARK AVENU TALLAHASSEE, FL 3230 | E | | | |
| The above named entity s in the State of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electron | ic Signature of Registered Age | ent | Date | |
| OFFICERS AND DIRECT | rors: | | | |
| Title: PS | AVADD N | | | |

Name: STRINGER, EDWARD N
Address: 809 KATESFORD ROAD
City-St-Zip: COCKEYSVILLE, MD 21030

Title: VT

Name: FRANZONI, JAMES A
Address: 3300 JARRETTSVILLE PIKE
City-St-Zip: MONKTON, MD 21111

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: EDWARD N. STRINGER PRES 04/05/2011