

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000002874

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** MORTGAGE INSURANCE AGENCY, LTD., INC.

**Current Principal Place of Business:**

1125 MITCHELL CT  
CRYSTAL LAKE, IL 60014

**New Principal Place of Business:**

**Current Mailing Address:**

1125 MITCHELL CT  
CRYSTAL LAKE, IL 60014

**New Mailing Address:**

**FEI Number:** 36-3885837

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: DPST  
Name: JACKSON, DAVID J  
Address: 1125 MITCHELL CT.  
City-St-Zip: CRYSTAL LAKE, IL 60014

Title: DV  
Name: JACKSON, ANDREW E  
Address: 1125 MITCHELL CT  
City-St-Zip: CRYSTAL LAKE, IL 60014

Title: CFO  
Name: JACKSON, DAVID J  
Address: 1125 MITCHELL COURT  
City-St-Zip: CRYSTAL LAKE, IL 60014

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 J. JACKSON

DPST

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date