

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004922

FILED
Feb 20, 2012
Secretary of State

Entity Name: OF INSURANCE AGENCY, INC.

Current Principal Place of Business:

27777 FRANKLIN ROAD, SUITE 1700
SOUTHFIELD, MI 48034

New Principal Place of Business:

Current Mailing Address:

27777 FRANKLIN ROAD, SUITE 1700
SOUTHFIELD, MI 48034

New Mailing Address:

FEI Number: 20-0207463

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: MGR
Name: KLEIN, RONALD A
Address: 27777 FRANKLIN ROAD, SUITE 1700
City-St-Zip: SOUTHFIELD, MI 48034

Title: CFO
Name: GEATER, W. ANDERSON JR
Address: 27777 FRANKLIN ROAD, SUITE 1700
City-St-Zip: SOUTHFIELD, MI 48034

Title: SEC
Name: GEATER, W. ANDERSON JR
Address: 27777 FRANKLIN ROAD, STE. 1700
City-St-Zip: SOUTHFIELD, MI 48034

Title: TRE
Name: GEATER, W. ANDERSON JR
Address: 27777 FRANKLIN ROAD, STE. 1700
City-St-Zip: SOUTHFIELD, MI 48034

Title: CEO
Name: KLEIN, RONALD A
Address: 27777 FRANKLIN RD., STE. 1700
City-St-Zip: SOUTHFIELD, MI 48034 US

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: W. ANDERSON GEATER, JR.

CFO

02/20/2012

Electronic Signature of Signing Officer or Director

Date