

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000002

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: THE INSURANCE EXCHANGE, INC.

**Current Principal Place of Business:**

9713 KEY WEST AVE, SUITE 401  
ROCKVILLE, MD 20850

**New Principal Place of Business:**

**Current Mailing Address:**

9713 KEY WEST AVE, SUITE 401  
ROCKVILLE, MD 20850

**New Mailing Address:**

FEI Number: 52-0850056      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: CD  
Name: REISE, DONALD B CHAIRMA  
Address: 9713 KEY WEST AVE, SUITE 401  
City-St-Zip: ROCKVILLE, MD 20850

Title: PD  
Name: BROWN, JOSEPH E PRESIDE  
Address: 9713 KEY WEST AVE, SUITE 401  
City-St-Zip: ROCKVILLE, MD 20850

Title: SD  
Name: BUYALOS, JOSEPH W SECRETA  
Address: 9713 KEY WEST AVE, SUITE 401  
City-St-Zip: ROCKVILLE, MD 20850

Title: M  
Name: HOFFMAN, FRED S MEMBER  
Address: 9713 KEY WEST AVE, SUITE 401  
City-St-Zip: ROCKVILLE, MD 20850

Title: T  
Name: HOFFMAN, BRETT J  
Address: 9713 KEY WEST AVE, SUITE 401  
City-St-Zip: ROCKVILLE, MD 20850

Title: M  
Name: KINGSLEY, WILLIAM MEMBER  
Address: 9713 KEY WEST AVE, SUITE 401  
City-St-Zip: ROCKVILLE, MD 20850

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: JOSEPH E BROWN

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

PRES

04/30/2012

\_\_\_\_\_  
Date