

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000658

FILED  
Sep 01, 2006  
Secretary of State

Entity Name: INVIVA INSURANCE AGENCY, INC.

## Current Principal Place of Business:

9920 CORPORATE CAMPUS DR, STE 1000  
LOUISVILLE, KY 40223

## New Principal Place of Business:

9920 CORPORATE CAMPUS DR.  
SUITE 1000  
LOUISVILLE, KY 40223

## Current Mailing Address:

9920 CORPORATE CAMPUS DR, STE 1000  
LOUISVILLE, KY 40223

## New Mailing Address:

9920 CORPORATE CAMPUS DR.  
SUITE 1000  
LOUISVILLE, KY 40223

FEI Number: 20-2028555

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: GREENBURG, LARRY  
Address: 435 HUDSON ST, 2ND FLOOR  
City-St-Zip: NEW YORK, NY 10014

Title: VP ( ) Delete  
Name: SOLASH, TODD  
Address: 435 HUDSON ST, 2ND FLOOR  
City-St-Zip: NEW YORK, NY 10014

Title: SGC ( ) Delete  
Name: HAWLEY, CRAIG  
Address: 9920 CORPORATE CAMPUS DR, STE 1000  
City-St-Zip: LOUISVILLE, KY 40223

Title: TCFO ( ) Delete  
Name: ROGERS, TIMOTHY  
Address: 435 HUDSON ST, 2ND FLOOR  
City-St-Zip: NEW YORK, NY 10014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: GREENBURG, LARRY  
Address: 9920 CORPORATE CAMPUS DR., STE 1000  
City-St-Zip: LOUISVILLE, KY 40223

Title: COO (X) Change ( ) Addition  
Name: LAU, DAVID  
Address: 9920 CORPORATE CAMPUS DR., STE 1000  
City-St-Zip: LOUISVILLE, KY 40223

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TCFO (X) Change ( ) Addition  
Name: ROGERS, TIMOTHY  
Address: 9920 CORPORATE CAMPUS DR., STE 1000  
City-St-Zip: LOUISVILLE, KY 40223

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID LAU

COO

09/01/2006

Electronic Signature of Signing Officer or Director

Date