2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000658

Entity Name: INVIVA INSURANCE AGENCY, INC.

FILED May 14, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9920 CORPORATE CAMPUS DR.

SUITE 1000 LOUISVILLE, KY 40223

Current Mailing Address: 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: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

Name: GREENBURG, LAURENCE

Address: 9920 CORPORATE CAMPUS DR., STE 1000

City-St-Zip: LOUISVILLE, KY 40223

Title: COO Name: LAU, DAVID

Address: 9920 CORPORATE CAMPUS DR., STE 1000

City-St-Zip: LOUISVILLE, KY 40223

Title: SGC

Name: HAWLEY, CRAIG

Address: 9920 CORPORATE CAMPUS DR, STE 1000

City-St-Zip: LOUISVILLE, KY 40223

Title: CFO

Name: VAP, JOSEPH

Address: 9920 CORPORATE CAMPUS DRIVE

City-St-Zip: LOUISVILLE, KY 40223

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: CRAIG HAWLEY GC 05/14/2010