

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006989

Entity Name: INSURANCE CENTRAL, INC.

FILED
May 01, 2012
Secretary of State

Current Principal Place of Business:

1155 EUGENIA PLACE
CARPINTERIA, CA 93013

New Principal Place of Business:

Current Mailing Address:

1155 EUGENIA PLACE
CARPINTERIA, CA 93013

New Mailing Address:

FEI Number: 77-0474382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CP
Name: WIGLE, JOHN BYRON
Address: 1155 EUGENIA PLACE
City-St-Zip: CARPINTERIA, CA 93013

Title: T
Name: DOWEN, ANDREW JOHN
Address: 1155 EUGENIA PLACE
City-St-Zip: CARPINTERIA, CA 93013

Title: D
Name: WIGLE, JOHN
Address: 1155 EUGENIA PLACE
City-St-Zip: CARPINTERIA, CA 93013

Title: S
Name: CARD-VASQUEZ, PATRICIA
Address: 1155 EUGENIA PLACE
City-St-Zip: CARPINTERIA, CA 93013

Title: D
Name: CAPRITTO, JULIETTE
Address: 1155 EUGENIA PLACE
City-St-Zip: CARPINTERIA, CA 93013

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: ANDREW JOHN DOWEN

TREA

05/01/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date