

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001508

FILED  
Mar 12, 2012  
Secretary of State

**Entity Name:** SECURITY ONE INSURANCE AGENCY CORPORATION

**Current Principal Place of Business:**

5600 BRAINERD RD  
SUITE 1A  
CHATTANOOGA, TN 37411

**New Principal Place of Business:**

**Current Mailing Address:**

5600 BRAINERD RD  
SUITE 1A  
CHATTANOOGA, TN 37411

**New Mailing Address:**

**FEI Number:** 20-3046396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORIDA COMMISSIONER OF INSURANCE  
200 E GAINES STREET  
TALLAHASSEE, FL 32399 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: DP  
Name: ELKINS, DAVID M  
Address: ONE EAST WACKER DRIVE  
City-St-Zip: CHICAGO, IL 60601 US

Title: S  
Name: LUPETINI, ELIZABETH C  
Address: ONE EAST WACKER DRIVE  
City-St-Zip: CHICAGO, IL 60601 US

Title: T  
Name: ALCAZAR, GREGORY G  
Address: ONE EAST WACKER DRIVE  
City-St-Zip: CHICAGO, IL 60601 US

Title: D  
Name: COX, TIMOTHY C  
Address: 5600 BRAINERD ROAD, SUITE 1A  
City-St-Zip: CHATTANOOGA, TN 37411 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: TIMOTHY C. COX

D

03/12/2012

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

\_\_\_\_\_  
Date