## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Mar 13, 2007 08:00 AM DOCUMENT # F06000005958 **Secretary of State** COMBINED INSURANCE GROUP LTD. INC. Principal Place of Business Mailing Address 618 S BROAD STREET 618 S BROAD STREET LANSDALE PA 19446 LANSDALE PA 19446 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 23-2712045 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desirod 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. BHE ☐ Detete mu: ☐ Change Addition DORTCH, MICHAEL E NAME NAME U00000664819 618 S BROAD STREET STREET ADDRESS STREET ADDRESS 03/22/07-80060-013 150.00 LANSDALE PA 19446 CITY-ST-ZIP CITY-SI-ZIP **TILE** Delete THIE ☐ Change ■ AddIlion NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Deleie HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIFLE Change ■ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP IIILE TITLE Change ☐ Addition Delete NAME NAMI' STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this viling does not possibly for the exemptions contained in Section 1.19, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the and accurate and that my 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 trusted employee the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1.1 if changed, or on an attachment with an attorages, withyall other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jarch 7. 2007