

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007709

FILED
Jan 11, 2012
Secretary of State

Entity Name: ONECIS INSURANCE COMPANY

Current Principal Place of Business:

1601 SAWGRASS CORPORATE PARKWAY
SUITE 400
FT. LAUDERDALE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1601 SAWGRASS CORPORATE PARKWAY
SUITE 400
FT. LAUDERDALE, FL 33323

New Mailing Address:

FEI Number: 36-2738349

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

OFFICERS AND DIRECTORS:

Title: PD
Name: GUIMARAES, PEDRO
Address: 1601 SAWGRASS CORPORATE PARKWAY
City-St-Zip: FT LAUDERDALE, FL 33323

Title: CFO
Name: DAMASCENO, LUIS
Address: 1601 SAWGRASS CORPORATE PARKWAY
City-St-Zip: FT LAUDERDALE, FL 33323

Title: SEC
Name: BUSH, HEATHER
Address: 1601 SAWGRASS CORPORATE PARKWAY
City-St-Zip: FT LAUDERDALE, FL 33323

Title: VP
Name: MONDELLO, JANICE
Address: 330 LYNNWAY, SUITE 403
City-St-Zip: LYNN, MA 01901

Title: D
Name: RZONCA, GREGORY F
Address: 2211 BUTTERFIELD ROAD
City-St-Zip: DOWNERS GROVE, IL 60515

Title: D
Name: DONZE, ROBERT W
Address: 2211 BUTTERFIELD ROAD
City-St-Zip: DOWNERS GROVE, IL 60515

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: HEATHER B. BUSH

SECT

01/11/2012

Electronic Signature of Signing Officer or Director

Date