

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001005

FILED  
Mar 02, 2011  
Secretary of State

**Entity Name:** ENVISION INSURANCE COMPANY

**Current Principal Place of Business:**

2181 E AURORA ROAD  
TWINSBURG, OH 44087

**New Principal Place of Business:**

**Current Mailing Address:**

2181 E AURORA ROAD  
TWINSBURG, OH 44087

**New Mailing Address:**

**FEI Number:** 20-4308924      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301      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: NAGLE, KEVIN M  
Address: 1100 INVESTMENT BLVD.  
City-St-Zip: EL DORADO HILLS, CA 95762

Title: VC  
Name: KATZ, BARRY I  
Address: 1301 E. BROWARD BLVD., SUITE 300  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: DS  
Name: SAMUELS, EUGENE P  
Address: 1100 INVESTMENT BLVD.  
City-St-Zip: EL DORADO HILLS, CA 95762

Title: DVP  
Name: STRAUTMAN, CATHERINE  
Address: 1301 E. BROWARD BLVD., SUITE 300  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: T  
Name: KIRKBRIDE, KIMBERLY  
Address: 2181 E AURORA ROAD  
City-St-Zip: TWINSBURG, OH 44087

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: EUGENE P SAMUELS

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03/02/2011

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

\_\_\_\_\_ Date