2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2011
Secretary of State

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Entity Name: ACCENDO INSURANCE COMPANY

Current Principal Place of Business:

221 N CHARLES LINDBERGH DR
SALT LAKE CITY, UT 84116

New Principal Place of Business:

Current Mailing Address:

221 N CHARLES LINDBERGH DR
SALT LAKE CITY, UT 84116

New Mailing Address:

FEI Number: 06-1566092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT 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: MCDONALD, LLOYD
Address: 9501 E SHEA BLVD
City-St-Zip: SCOTTSDALE, AZ 85260

Title: T
Name: FINLINSON, DOUG
Address: 221 N CHARLES LINDBERGH DR
City-St-Zip: SALT LAKE CITY, UT 84116

Title: S
Name: BUCHANAN, MICHELE
Address: 9501 E SHEA BLVD
City-St-Zip: SCOTTSDALE, AZ 85260

Title: D
Name: MEEK, TODD
Address: 221 N CHARLES LINDBERGH DR
City-St-Zip: SALT LAKE CITY, UT 84116

Title: DV
Name: LAPINE, JOSEPH
Address: 221 N CHARLES LINDBERGH DR
City-St-Zip: SALT LAKE CITY, UT 84116

Title: D
Name: MARITAN, JAMES
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895

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: MICHELE W BUCHANAN S 04/11/2011

Electronic Signature of Signing Officer or Director — Date