

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001171

Entity Name: AFC INSURANCE, INC.

FILED
Apr 25, 2012
Secretary of State

Current Principal Place of Business:

95 HIGHLAND AVE SUITE 150
BETHLEHEM, PA 18017

New Principal Place of Business:

3001 EMRICK BLVD, SUITE 318
BETHLEHEM, PA 18020

Current Mailing Address:

95 HIGHLAND AVE SUITE 150
BETHLEHEM, PA 18017

New Mailing Address:

3001 EMRICK BLVD, SUITE 318
BETHLEHEM, PA 18020

FEI Number: 23-2812976

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: VP
Name: WALKER, CORY T
Address: 220 S RIDGEWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP
Name: TRISTANI, DINA
Address: 3001 EMRICK BLVD, SUITE 318
City-St-Zip: BETHLEHEM, PA 18020

Title: T
Name: PORTO, RACHEL
Address: 30A VREELAND RD
City-St-Zip: FLORHAM PARK, NJ 07932

Title: DP
Name: MASTERS, KENNETH R
Address: 681 S PARKER ST SUITE 300
City-St-Zip: ORANGE, CA 92868

Title: VPS
Name: GRAMMING, LAUREL L
Address: 3101 W DR MARTIN LUTHER KING SUITE 400
City-St-Zip: TAMPA, FL 33607

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: LAUREL L GRAMMIG

VPS

04/25/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date