

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004629

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** RELIANCE INSURANCE BROKERS, INC.

**Current Principal Place of Business:**

131 DUTCHMAN BLVD  
IRMO, SC 29063

**New Principal Place of Business:**

ONE HARBISON WAY  
SUITE 115  
COLUMBIA, SC 29212

**Current Mailing Address:**

131 DUTCHMAN BLVD  
IRMO, SC 29063

**New Mailing Address:**

800 OAK RIDGE TPKE  
SUITE A-1000  
OAK RIDGE, TN 37830

**FEI Number:** 27-0776728

**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: CP  
Name: ARROWOOD, ROBERT J  
Address: 800 OAK RIDGE TURNPIKE #A-1000  
City-St-Zip: OAK RIDGE, TN 37830

Title: DS  
Name: PATTERSON, MARK K  
Address: 800 OAK RIDGE TURNPIKE #A-1000  
City-St-Zip: OAK RIDGE, TN 37830

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: ROBERT J AROWOOD

CP

05/01/2012

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

\_\_\_\_\_  
Date