

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001888

FILED
Apr 22, 2012
Secretary of State

Entity Name: BRITT/PAULK INSURANCE AGENCY, INC.

Current Principal Place of Business:

100 GLEN EAGLES CT
CARROLLTON, GA 30117

New Principal Place of Business:

Current Mailing Address:

100 GLEN EAGLES CT
CARROLLTON, GA 30117

New Mailing Address:

FEI Number: 58-1599039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D
Name: ISAACSON, SCOTT R
Address: 150 N MICHIGAN AVE 41ST FLOOR
City-St-Zip: CHICAGO, IL 606017553

Title: D
Name: PAULK, JOHN I
Address: 100 GLEN EAGLES CT 1ST FLOOR
City-St-Zip: CARROLLTON, GA 30117

Title: D
Name: SORENSEN, LARRY R
Address: 150 N MICHIGAN AVE
City-St-Zip: CHICAGO, IL 606017553

Title: SFO
Name: WARTCHOW, TODD N
Address: 150 N MICHIGAN AVE 41ST FLOOR
City-St-Zip: CHICAGO, IL 606017553

Title: EVP
Name: BRODERICK, DEBORAH M
Address: 150 N MICHIGAN AVE
City-St-Zip: CHICAGO, IL 60601

Title: S
Name: SLATER, ERIN K
Address: 150 N. MICHIGAN AVE
City-St-Zip: CHICAGO, IL 60601

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: ERIN K. SLATER

S

04/22/2012

Electronic Signature of Signing Officer or Director

Date