## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000002468

FILED Apr 25, 2012 Secretary of State

Entity Name: ARROWHEAD GENERAL INSURANCE AGENCY, INC.

Current Principal Place of Business: New Principal Place of Business:

701 B STREET SUITE 2100

SAN DIEGO, CA 92101 US

Current Mailing Address: New Mailing Address:

701 B STREET SUITE 2100

SAN DIEGO, CA 92101 US

FEI Number: 33-0108914 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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: DC

 Name:
 WALKER, CHRIS L

 Address:
 701 B STREET, SUITE 2100

 City-St-Zip:
 SAN DIEGO, CA 92101

Title: VS

Name: GRAMMIG, LAUREL L

Address: 3101 W MARTIN LUTHER KING JR BLVD, STE 400

City-St-Zip: TAMPA, FL 33607

Title: SVP

 Name:
 SCHRANER, ROBERT K

 Address:
 701 B STREET, SUITE 2100

 City-St-Zip:
 SAN DIEGO, CA 92101

Title: VP

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

Title: F

 Name:
 ARMSTRONG, DAVID M

 Address:
 701 B STREET, SUITE 2100

 City-St-Zip:
 SAN DIEGO, CA 92101

Title:

Name: SEDILLO, RONDA

Address: 701 B STREET, SUITE 2100 City-St-Zip: SAN DIEGO, CA 92101

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 VS 04/25/2012