

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002056 (8)

1. Corporation Name

INSURANCE COUNSELORS, INC.



Principal Place of Business

5260 WESTERN AVE.
CHEVY CHASE MD 20815

Mailing Address

5260 WESTERN AVE.
CHEVY CHASE MD 20815

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt., #, etc.

26 Suite, Apt., #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MCCLELLAND, HUGH H III
1857 WELLS ROAD, SUITE 224
ORANGE PARK FL 32073

3. Date Incorporated or Qualified

04/27/1995

3a. Date of Last Report

4. FEI Number

52-1168724

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Tax Agent, if any, and Signature of Current Registered Agent

Signature of New Registered Agent, if any, and Signature of Current Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE	13.1 TITLE
12.2 NAME	13.2 NAME
12.3 STREET ADDRESS	13.3 STREET ADDRESS
12.4 CITY, ST, ZIP	13.4 CITY, ST, ZIP
12.5 TITLE	13.5 TITLE
12.6 NAME	13.6 NAME
12.7 STREET ADDRESS	13.7 STREET ADDRESS
12.8 CITY, ST, ZIP	13.8 CITY, ST, ZIP
12.9 TITLE	13.9 TITLE
12.10 NAME	13.10 NAME
12.11 STREET ADDRESS	13.11 STREET ADDRESS
12.12 CITY, ST, ZIP	13.12 CITY, ST, ZIP
12.13 TITLE	13.13 TITLE
12.14 NAME	13.14 NAME
12.15 STREET ADDRESS	13.15 STREET ADDRESS
12.16 CITY, ST, ZIP	13.16 CITY, ST, ZIP
12.17 TITLE	13.17 TITLE
12.18 NAME	13.18 NAME
12.19 STREET ADDRESS	13.19 STREET ADDRESS
12.20 CITY, ST, ZIP	13.20 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP
13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST, ZIP
13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Timothy J. Mulcahy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 301-986-3049
DATE DAYTIME PHONE

CR2E034 (12/95)

DIRECTORS

William E. Roberts Chairman
6529 79th Place
Cabin John, MD 20818

Marion E. Byrd
10016 Kendale Road
Potomac, MD 20854

Charles R. Davies
157 Culpeper St.
Warrenton, VA 22186

W. Alvon Sparks, Jr.
7513 Pepperell Dr.
Bethesda, MD 20817

SOCIAL SECURITY

092-42-8967

240-54-6845

172-32-5793

221-22-4949