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FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000002056 (8)

1. Corporation Name

INSURANCE COUNSELORS, INC.

Principal Place of Business

5200 WESTERN AVE.
CHEVY CHASE MD 20815

Mailing Address

5200 WESTERN AVE.
CHEVY CHASE MD 20815

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
STREET ADDRESS ROBERTS, WILLIAM E
CITY-ST-ZIP 0529 79TH PLACE
CABIN JOHN MD 20818

TITLE ☐ DELETE

NAME V
STREET ADDRESS MULCAHY, TIMOTHY J
CITY-ST-ZIP 3514 MARIGOLD DR
MONROVIA MD 21770

TITLE ☐ DELETE

NAME V
STREET ADDRESS KELLE, CARL J
CITY-ST-ZIP 27109 FAMILY TERR
DAMASCUS MD 20872

TITLE ☐ DELETE

NAME S
STREET ADDRESS PHILLIPS, ROSALIND A
CITY-ST-ZIP 0516 SHIPYARD PLACE
FALLS CHURCH VA 22043

TITLE ☐ DELETE

NAME GC
STREET ADDRESS RUFF, JOHN D
CITY-ST-ZIP 5500 FRIENDSHIP BLVD. APT. 2008N
CHEVY CHASE MD 20815

TITLE ☐ DELETE

NAME Y
STREET ADDRESS SCHARA, CHARLES G
CITY-ST-ZIP 0020 ADVANTAGE COURT
BURKE VA 22015

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (10/97)