

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90215 023 ***150.00

DOCUMENT # F95000002056

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

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 ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME ROBERTS, WILLIAM E
STREET ADDRESS 6529 79TH PLACE
CITY-ST-ZIP CABIN JOHN MD 20818

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME PHILLIPS, ROSALIND A
STREET ADDRESS 6516 SHIPYARD PLACE
CITY-ST-ZIP FALLS CHURCH VA 22043

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE GC ☐ DELETE
NAME RUFF, JOHN D
STREET ADDRESS 5500 FRIENDSHIP BLVD. APT. 2009N
CITY-ST-ZIP CHEVY CHASE MD 20815

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME SCHARA, CHARLES G
STREET ADDRESS 9020 ADVANTAGE COURT
CITY-ST-ZIP BURKE VA 22015

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)(l), 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosalind A. Phillips, Secretary

Date

Daytime Phone #

CR2E034 (11/98)