

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M17718

**FILED**  
**Nov 18, 2014**  
**Secretary of State**

**Entity Name:** INSURANCE MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

3155 N.W. 77 AVE.  
MIAMI, FL 331223700 US

**New Principal Place of Business:**

**Current Mailing Address:**

3155 N.W. 77 AVE.  
MIAMI, FL 331223700 US

**New Mailing Address:**

KINGSWAY AMERICA INC.  
150 PIERCE ROAD, 6TH FLOOR  
ITASCA, IL 60143 US

FEI Number: 59-2572605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NAON, ALBERTO  
3155 N.W. 77 AVE.  
MIAMI, FL 33122 US

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

LIEVANO, YVONNE  
3155 N.W. 77 AVE.  
MIAMI, FL 33122 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: YVONNE LIEVANO

11/18/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SLATER, RICHARD A JR.  
Address: KINGSWAY AMERICA INC., 150 PIERCE ROAD  
City-St-Zip: ITASCA, IL 60143 US

Title: TREA  
Name: LUCCHESI, ANN T  
Address: KINGSWAY AMERICA INC., 150 PIERCE ROAD  
City-St-Zip: ITASCA, IL 60143 US

Title: SEC  
Name: BROOKS, DOROTHY A  
Address: KINGSWAY AMERICA INC., 150 PIERCE ROAD  
City-St-Zip: ITASCA, IL 60143 US

Title: VP  
Name: NAON, ALBERTO  
Address: 3155 N.W. 77TH AVENUE  
City-St-Zip: MIAMI, FL 33122 US

Title: DIR  
Name: HICKEY, WILLIAM A JR.  
Address: KINGSWAY AMERICA INC., 150 PIERCE ROAD  
City-St-Zip: ITASCA, IL 60143 IL

Title: DIR  
Name: REPTA, LEEANN H  
Address: KINGSWAY AMERICA INC., 150 PIERCE ROAD  
City-St-Zip: ITASCA, IL 60143 US

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: DOROTHY ANN BROOKS

SEC

11/18/2014

Electronic Signature of Signing Officer or Director

Date