

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000008740

FILED
Jan 11, 2012
Secretary of State

Entity Name: PERSONAL INSURANCE FEDERATION OF FLORIDA, INC.

Current Principal Place of Business:

215 SOUTH MONROE STREET
SUITE 801
TALLAHASSEE, FL 32301

New Principal Place of Business:

215 SOUTH MONROE STREET
SUITE 835
TALLAHASSEE, FL 32301

Current Mailing Address:

215 SOUTH MONROE STREET
SUITE 801
TALLAHASSEE, FL 32301

New Mailing Address:

215 SOUTH MONROE STREET
SUITE 835
TALLAHASSEE, FL 32301

FEI Number: 27-3582307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRANNEN, J. BRECK
215 SOUTH MONROE STREET
2ND FLOOR
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: J. BRECK BRANNEN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WILKERSON, EMORY
Address: 285 PEACHTREE CENTER AVENUE, NE STE 1200
City-St-Zip: ATLANTA, GA 30303

Title: DS
Name: FITTS, JOHN T
Address: 6300 WILSON MILL ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: DT
Name: KRON, JOANNE
Address: 2775 SANDERS ROAD, SUITE A3
City-St-Zip: NORTHBROOK, IL 60062

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EMORY WILKERSON

PD

01/11/2012

Electronic Signature of Signing Officer or Director

Date