2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037103

Entity Name: U. S. INSURANCE SERVICES, INC.

FILED Mar 28, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2000 ART MUSEUM DRIVE 8130 BAYMEADOWS WAY WEST JACKSONVILLE, FL 32207 US

SUITE 302

JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

2000 ART MUSEUM DRIVE PO BOX 47000

JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32247 US

FEI Number: 59-3717622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: COOPER, MARK A

8130 BAYMEADOWS WAY WEST, SUITE 302 Address:

City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD

Name: PLACE, DYLAN P

8130 BAYMEADOWS WAY WEST, SUITE 302 Address:

JACKSONVILLE, FL 32256 City-St-Zip:

Title: VPD

HALL, RONALD R Name:

8130 BAYMEADOWS WAY WEST, SUITE 302 Address:

City-St-Zip: JACKSONVILLE, FL 32256

Title:

CAMA, CHRISTINA B Name:

Address: 8130 BAYMEADOWS WAY WEST, SUITE 302

City-St-Zip: JACKSONVILLE, FL 32256

Title:

TURNER, BEECH H Name:

Address: 8130 BAYMEADOWS WAY WEST, SUITE 302

City-St-Zip: JACKSONVILLE, FL 32256

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: MARK A COOPER Ρ 03/28/2012