

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06114

FILED
Apr 25, 2006
Secretary of State

Entity Name: INVEST FINANCIAL CORPORATION INSURANCE AGENCY INC. OF MARYLAND

Current Principal Place of Business:

2701 N. ROCKY POINT DR.
7TH FLOOR
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

1 CORPORATE WAY
ATTN: TAX DEPT S35
LANSING, MI 48951 US

New Mailing Address:

FEI Number: 52-1371150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: NIEDERMEIR, LYNN
Address: 2701 N ROCKY POINT DR 7TH FL
City-St-Zip: TAMPA, FL 33607

Title: AS () Delete
Name: BURGESS, RUTH A
Address: 2701 N ROCKY POINT DR 7TH FLOOR
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: DREFFEIN, M. SHAWN
Address: 401 WILSHIRE BLVD, STE 1100
City-St-Zip: SANTA MONICA, CA 90401

Title: S/D () Delete
Name: MEYER, THOMAS J
Address: 1 CORPORATE WAY
City-St-Zip: LANSING, MI 48951

Title: V () Delete
Name: HUFF, BRENT
Address: 2701 N ROCKY POINT DR, 7TH FL
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS J. MEYER

S

04/25/2006

Electronic Signature of Signing Officer or Director

Date