

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06114

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

8745 HENDERSON ROAD
STE 300
TAMPA, FL 33634 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: 8745 HENDERSON ROAD, STE 300
City-St-Zip: TAMPA, FL 33634

Title: AS () Delete
Name: BURGESS, RUTH A
Address: 8745 HENDERSON ROAD, STE 300
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: LIVINGSTON, JAMES
Address: 7601 TECHNOLOGY WAY
City-St-Zip: DENVER, CO 80237

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: 8745 HENDERSON ROAD, STE 300
City-St-Zip: TAMPA, FL 33634

Title: AVP () Delete
Name: MANEVAL, TODD
Address: 1 CORPORATE WAY
City-St-Zip: LANSING, MI 48951

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:

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

I hereby certify that the information supplied with this filing does not qualify 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

04/23/2009

Electronic Signature of Signing Officer or Director

Date