

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000098706

FILED
Apr 17, 2012
Secretary of State

Entity Name: ASSURANCE INVESTMENT PARTNERS, INC.

Current Principal Place of Business:

C/O RANDOLPH J. WOLFE, ESQ
100 N TAMPA STREET STE 2700
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

C/O RANDOLPH J. WOLFE, ESQ
100 N TAMPA STREET STE 2700
TAMPA, FL 33602

New Mailing Address:

FEI Number: 26-0841800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L, CORP.
ONE INDEPENDENT DRIVE STE 1300
JACKSONVILLE, FL 32202 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

OFFICERS AND DIRECTORS:

Title: DIR
Name: STORY, CINDY G MRS.
Address: 13551 TRITON PARK BLVD., SUITE 1000
City-St-Zip: LOUISVILLE, KY 40223 US

Title: DIR
Name: CIARLANTE, RHONDA MRS.
Address: 13551 TRITON PARK BLVD., SUITE 1000
City-St-Zip: LOUISVILLE, KY 40223 US

Title: DIR
Name: COLLIVER, CATHY MRS.
Address: 13551 TRITON PARK BLVD., SUITE 1000
City-St-Zip: LOUISVILLE, KY 40223 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: CINDY G STORY

PRES

04/17/2012

Electronic Signature of Signing Officer or Director

Date