

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000047727

FILED  
Feb 07, 2011  
Secretary of State

**Entity Name:** INSURCO INSURANCE AND FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

6363 NW 6TH WAY SUITE 400  
FT LAUDERDALE, FL 33309

**New Principal Place of Business:**

2850 SOUTH FEDERAL HIGHWAY  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

6363 NW 6TH WAY SUITE 400  
FT LAUDERDALE, FL 33309

**New Mailing Address:**

2850 SOUTH FEDERAL HIGHWAY  
DELRAY BEACH, FL 33483

FEI Number: 27-0555880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CORPDIRECT AGENTS, INC.  
515 E PARK AVE  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MORSE, EDWARD J JR  
Address: 2850 SOUTH FEDERAL HIGHWAY  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP  
Name: HOFFMAN, RANDY  
Address: 2850 SOUTH FEDERAL HIGHWAY  
City-St-Zip: DELRAY BEACH, FL 33483

Title: CP  
Name: COLLELA, CARMINE  
Address: 2850 SOUTH FEDERAL HIGHWAY  
City-St-Zip: DELRAY BEACH, FL 33483

Title: ST  
Name: MACINNES, DENNIS  
Address: 2850 SOUTH FEDERAL HIGHWAY  
City-St-Zip: DELRAY BEACH, FL 33483

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: DENNIS M. MACINNES

ST

02/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date