## 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: New Principal Place of Business:

6363 NW 6TH WAY SUITE 400 2850 SOUTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33309 DELRAY BEACH, FL 33483

Current Mailing Address: New Mailing Address:

6363 NW 6TH WAY SUITE 400 2850 SOUTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33309 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: Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC. 515 E PARK AVE 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: DF

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