2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2012
Secretary of State

DOCUMENT# P11000036018

Entity Name: SCHUMAN FAMILY INSURANCE INC.

Current Principal Place of Business:

2917 SW 2ND TER
CAPE CORAL, FL 33991

New Principal Place of Business:

4600 SUMMERLIN RD
SUITE C6
FORT MYERS, FL 33919

Current Mailing Address:

2917 SW 2ND TER
CAPE CORAL, FL 33991

New Mailing Address:

12261 COUNTRY EAGLE LANE
CAPE CORAL, FL 33909

FEI Number: 45-1647405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHUMAN, MATTHEW K
2917 SW 2ND TER
CAPE CORAL, FL 33991 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: VP
Name: SCHUMAN, MATTHEW K
Address: 2917 SW 2ND TER
City-St-Zip: CAPE CORAL, FL 33991

Title: P
Name: SCHUMAN, CAROL J
Address: 12261 COUNTRY EAGLE LANE
City-St-Zip: CAPE CORAL, FL 33909

Title: T
Name: SCHUMAN, CAROL J
Address: 12261 COUNTRY EAGLE LANE
City-St-Zip: CAPE CORAL, FL 33909

Title: S
Name: SCHUMAN, MATTHEW K
Address: 2917 SW 2ND TERR
City-St-Zip: CAPE CORAL, FL 33991

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: CAROL J SCHUMAN P 02/23/2012

Electronic Signature of Signing Officer or Director — Date