

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069717

FILED
Apr 12, 2011
Secretary of State

Entity Name: CU INSURANCE PROFESSIONALS, INC.

Current Principal Place of Business:

343 LAKE ROAD
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

343 LAKE ROAD
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3551226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGESON, D. JOHN E JR
332 N MAGNOLIA AVE
ORLANDO, FL 32802 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: PSD
Name: KELLGREN, THOMAS E
Address: 343 LAKE ROAD
City-St-Zip: LAKE MARY, FL 32746

Title: VP
Name: KELLGREN, KATHRYN D
Address: 343 LAKE RD
City-St-Zip: LAKE MARY, FL 32746

Title: D
Name: KELLGREN, JORDAN L
Address: 343 LAKE RD.
City-St-Zip: LAKE MARY, FL 32746

Title: D
Name: CARLI, DAVID B
Address: 285 LAKESHORE DRIVE
City-St-Zip: LAKE MARY, FL 32746 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: THOMAS E. KELLGREN

PRES

04/12/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date