

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069717

FILED  
Apr 12, 2012  
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

04/12/2012

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

\_\_\_\_\_ Date