

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000039142

Entity Name: INSURERS UNLIMITED, INC.

FILED
Jan 18, 2011
Secretary of State

Current Principal Place of Business:

27970 CROWN LAKE BLVD
SUITE 3
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

27970 CROWN LAKE BLVD
SUITE 3
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 59-3570836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASEY, PATRICK B CPA
STE. 2205, SUNSHINE PROFESSIONAL CENTER
9240 BONITA BEACH RD.
BONITA SPRINGS, FL 34135 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: DST
Name: CULLEY, SANDRA A
Address: 27970 CROWN LAKE BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: P
Name: CULLEY, JAMES C
Address: 27970 CROWN LAKE BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP
Name: CULLEY, TERESA A
Address: 27970 CROWN LAKE BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP
Name: FITZGERALD, DENNIS P
Address: 27970 CROWN LAKE BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP
Name: RIVERA, SEAN A
Address: 27970 CROWN LAKE BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

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: SANDRA A CULLEY

DST

01/18/2011

Electronic Signature of Signing Officer or Director

Date