

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:

6363 NW 6TH WAY SUITE 400
FT LAUDERDALE, FL 33309

New Principal Place of Business:

2850 SOUTH FEDERAL HIGHWAY
DELRAY BEACH, FL 33483

Current Mailing Address:

6363 NW 6TH WAY SUITE 400
FT LAUDERDALE, FL 33309

New Mailing Address:

2850 SOUTH FEDERAL HIGHWAY
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:

CORPDIRECT AGENTS, INC.
515 E PARK AVE
TALLAHASSEE, FL 32301 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: DP
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

_____ Electronic Signature of Signing Officer or Director

_____ Date