

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 555462

**Entity Name:** SERVICE INSURANCE COMPANY

**Current Principal Place of Business:**

4730 SR 64 EAST  
1ST FLOOR  
BRADENTON, FL 34208

**Current Mailing Address:**

P.O. BOX 9729  
BRADENTON, FL 34206

**FEI Number:** 59-1786118

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRUIKSHANK, DAVID C  
4730 SR 64 EAST  
2ND FLOOR  
BRADENTON, FL 34208 US

*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

**Officer/Director Detail :**

Title T  
Name PIRRUNG, DAVID G  
Address 702 OBERLIN ROAD  
City-State-Zip: RALEIGH NC 27605

Title SVP  
Name CRUIKSHANK, DAVID C  
Address 4716 18TH AVE., W.  
City-State-Zip: BRADENTON FL 34209

Title S  
Name BLINSON, MICHAEL D  
Address 702 OBERLIN ROAD  
City-State-Zip: RALEIGH NC 27605

Title V  
Name FLYNN, TIMOTHY  
Address 6217 ABBEY LANE  
City-State-Zip: BRADENTON FL 34202

Title V  
Name GURLEY, MICHAEL A  
Address 109 24TH ST NW  
City-State-Zip: BRADENTON FL 34205

Title PD  
Name STEPHANO, STEPHEN L  
Address 702 OBERLIN ROAD  
City-State-Zip: RALEIGH NC 27605

*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:** MICHAEL D. BLINSON

**SECRETARY**

**04/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date