

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M17718

**Entity Name:** INSURANCE MANAGEMENT SERVICES, INC.**Current Principal Place of Business:**3155 N.W. 77 AVE.  
MIAMI, FL 33122-3700**Current Mailing Address:**KINGSWAY AMERICA INC.  
150 PIERCE ROAD, 6TH FLOOR  
ITASCA, IL 60143 US**FEI Number:** 59-2572605**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LIEVANO, YVONNE  
3155 N.W. 77 AVE.  
MIAMI, FL 33122 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	PRESIDENT
Name	SLATER, RICHARD A JR.
Address	KINGSWAY AMERICA INC. 150 PIERCE ROAD, 6TH FLOOR
City-State-Zip:	ITASCA IL 60143

Title	TREASURER
Name	PAPPAS, SANDRA M
Address	KINGSWAY AMERICA INC. 150 PIERCE ROAD, 6TH FLOOR
City-State-Zip:	ITASCA IL 60143

Title	DIRECTOR
Name	HICKEY, WILLIAM A JR.
Address	KINGSWAY AMERICA INC. 150 PIERCE ROAD, 6TH FLOOR
City-State-Zip:	ITASCA IL 60143

Title	DIRECTOR
Name	REPTA, LEEANN H
Address	KINGSWAY AMERICA INC. 150 PIERCE ROAD, 6TH FLOOR
City-State-Zip:	ITASCA IL 60143

Title	SECRETARY
Name	MARKETTI, KELLY ANN
Address	KINGSWAY AMERICA INC. 150 PIERCE ROAD, 6TH FLOOR
City-State-Zip:	ITASCA IL 60143

Title	DIRECTOR
Name	SLATER, RICHARD A.
Address	KINGSWAY AMERICA INC. 150 PIERCE ROAD, 6TH FLOOR
City-State-Zip:	ITASCA IL 60143

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:** KELLY ANN MARKETTI**SECRETARY****01/25/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date