

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000084849

Entity Name: FOUR POINTS INSURANCE, INC.

Current Principal Place of Business:

9657 NW SOUTH RIVER DR.
SUITE 1
MEDLEY, FL 33178

Current Mailing Address:

9657 NW SOUTH RIVER DR.
SUITE 1
MEDLEY, FL 33178 US

FEI Number: 27-1104733

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEDINA, YOHAMA M
9657 NW SOUTH RIVER DR.
SUITE 1
MEDLEY, FL 33178 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: YOHAMA MEDINA

01/26/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name RIZO, IVAN
Address 9657 NW SOUTH RIVER DR
SUITE 1
City-State-Zip: MEDLEY FL 33178

Title VP
Name MEDINA, YOHAMA
Address 9657 NW SOUTH RIVER DR
SUITE 1
City-State-Zip: MEDLEY FL 33178

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: YOHAMA MEDINA

VP

01/26/2013

Electronic Signature of Signing Officer/Director Detail

Date