2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2014
Secretary of State
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Entity Name: INSURANCE PORTFOLIO MANAGERS, INC.

Current Principal Place of Business:

9060 CRAVEN ROAD
JACKSONVILLE, FL 32257

Current Mailing Address:

9060 CRAVEN ROAD
JACKSONVILLE, FL 32257 US

FEI Number: 59-3157795

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARSHALL, SHIRLEY C
9060 CRAVEN ROAD
JACKSONVILLE, FL 32257 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	P
Name	MARSHALL, SHIRLEY C
Address	9060 CRAVEN ROAD
City-State-Zip:	JACKSONVILLE FL 32257

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: SHIRLEY C MARSHALL PRESIDENT 01/13/2014

Electronic Signature of Signing Officer/Director Detail — Date