

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069717

Entity Name: CU INSURANCE PROFESSIONALS, INC.

Current Principal Place of Business:

343 LAKE ROAD
LAKE MARY, FL 32746

Current Mailing Address:

343 LAKE ROAD
LAKE MARY, FL 32746

FEI Number: 59-3551226

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMPSON, ANDREW H ESQ.
315 E. ROBINSON STREET
SUITE 600
ORLANDO, FL 32801 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: ANDREW H. THOMPSON, ESQUIRE

04/06/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PSD
Name KELLGREN, THOMAS E
Address 343 LAKE ROAD
City-State-Zip: LAKE MARY FL 32746

Title VP
Name KELLGREN, KATHRYN D
Address 343 LAKE RD
City-State-Zip: LAKE MARY FL 32746

Title D
Name KELLGREN, JORDAN L
Address 343 LAKE RD.
City-State-Zip: LAKE MARY FL 32746

Title D
Name CARLI, DAVID B
Address 285 LAKESHORE DRIVE
City-State-Zip: LAKE MARY FL 32746

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: THOMAS E. KELLGREN

PSD

04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date