

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000069717

**Entity Name:** CU INSURANCE PROFESSIONALS, INC.

**Current Principal Place of Business:**

1877 CLAVERTON ST.  
THE VILLAGES, FL 32162

**Current Mailing Address:**

2143 CHERRY VALE PLACE  
THE VILLAGES, FL 32162 US

**FEI Number:** 59-3551226

**Certificate of Status Desired:** No

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

ZKS REGISTERED AGENT SERVICES, LLC  
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:** N. DWAYNE GRAY, JR., ESQ.

04/08/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PSD	Title	VP
Name	KELLGREN, THOMAS E	Name	KELLGREN, KATHRYN D
Address	343 LAKE ROAD	Address	343 LAKE RD
City-State-Zip:	LAKE MARY FL 32746	City-State-Zip:	LAKE MARY FL 32746
Title	D		
Name	KELLGREN, JORDAN L		
Address	6021 N. HARLEM AVENUE		
City-State-Zip:	CHICAGO IL 60631		

*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

04/08/2023

Electronic Signature of Signing Officer/Director Detail

Date