2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: INSURANCE INSTITUTE FOR BUSINESS & HOME SAFETY INCORPORATED

Current Principal Place of Business:

4775 E FOWLER AVE.
TAMPA, FL 33617

Current Mailing Address:

4775 E FOWLER AVE.
TAMPA, FL 33617

FEI Number: 23-2049143

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROCHMAN, JULIE A
4775 E FOWLER AVE.
TAMPA, FL 33617 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	D	Title	D
Name	ROCHMAN, JULIE	Name	BALLEN, DEBRA
Address	4775 E FOWLER	Address	4775 E FOWLER
City-State-Zip:	TAMPA FL 33617	City-State-Zip:	TAMPA FL 33617
Title	D	Title	D
Name	REINHOLD, TIMOTHY	Name	O'CONNOR, BRENDA
Address	4775 E FOWLER	Address	4775 E FOWLER
City-State-Zip:	TAMPA FL 33617	City-State-Zip:	TAMPA FL 33617
Title	D		
Name	COPE, ANNE		
Address	4775 E FOWLER AVE.		
City-State-Zip:	TAMPA FL 33617		

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIE ROCHMAN PRESIDENT AND CEO 03/03/2014

Electronic Signature of Signing Officer/Director Detail — Date