

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000006792

**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:**IBHS  
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:** SUSAN BAXTER GIBSON

04/09/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT AND CEO

Name WRIGHT, ROY

Address 4775 E FOWLER

City-State-Zip: TAMPA FL 33617

Title CHIEF RISK OFFICER

Name BALLEEN, DEBRA

Address 4775 E FOWLER AVE.

City-State-Zip: TAMPA FL 33617

Title CHIEF PRODUCT OFFICER

Name WATT, ALISTER

Address 4775 E FOWLER

City-State-Zip: TAMPA FL 33617

Title CHIEF ENGINEER

Name COPE, ANNE DR.

Address 4775 E FOWLER AVE.

City-State-Zip: TAMPA FL 33617

Title TREASURER

Name BAXTER GIBSON, SUSAN R

Address 4775 E FOWLER AVE.

City-State-Zip: TAMPA FL 33617

Title CHAIRMAN

Name TILLMAN, CRAIG

Address 4775 E FOWLER AVE.

City-State-Zip: TAMPA FL 33617

Title VC

Name NELSON, ERIC

Address 4775 E FOWLER AVE.

City-State-Zip: TAMPA FL 33617

Title DIRECTOR

Name ARANGO, DAVID

Address 4775 E FOWLER AVE.

City-State-Zip: TAMPA FL 33617

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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:** SUSAN BAXTER GIBSON

TREASURER

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BLAIR, GAVIN  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name COONEY, BILL GENERAL  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name ECHOLS, PEGGY  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name HARRISON, J. SMITH "SMITTY"  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name MOORE, MATT  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name NEUBAUER, MIKE  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name PELLOUCHOUD, LAURIE  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name PROCOPIO, DONALD  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name REETER, LESLEY  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name SMITH, DOUGLAS  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name VIGUS, RYAN

Title DIRECTOR  
Name BROWN, STEVEN  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name DIMUCCIO, ROBERT  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name GAYNOR, DAN JR.  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name MENESSE, MARIO  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name MOSELY, TIMOTHY  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name PANDE, MOHIT  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name POOLE, RANDALL  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name QUIGLEY, MICHAEL  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name RIEKSE, JONATHAN  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name SMITH, TIMOTHY  
Address 4775 E FOWLER AVE.  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name WHAMOND, JAMES JR.  
Address 4775 E FOWLER AVE 2ND FL

Address 4775 E FOWLER AVE.

City-State-Zip: TAMPA FL 33617

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