

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 26, 2014
Secretary of State
CC9513230387

Entity Name: SECURITY ONE INSURANCE AGENCY CORPORATION

Current Principal Place of Business:

5600 BRAINERD RD
SUITE 1A
CHATTANOOGA, TN 37411

Current Mailing Address:

5600 BRAINERD RD
SUITE 1A
CHATTANOOGA, TN 37411

FEI Number: 20-3046396

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA COMMISSIONER OF INSURANCE
200 E GAINES STREET
TALLAHASSEE, FL 32399 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 DIRECTOR
Name DELFINO, BRIAN J
Address ONE EAST WACKER DRIVE
City-State-Zip: CHICAGO IL 60601

Title D
Name COX, TIMOTHY C
Address 5600 BRAINERD ROAD, SUITE 1A
City-State-Zip: CHATTANOOGA TN 37411

Title S
Name LUPETINI, ELIZABETH C
Address ONE EAST WACKER DRIVE
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR
Name ROBERTS, CLARK H
Address 5600 BRAINERD RD
 SUITE 1A
City-State-Zip: CHATTANOOGA TN 37411

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: CLARK H. ROBERTS

DIRECTOR

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date