

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005570

**Entity Name:** DIVERSIFIED INSURANCE INDUSTRIES, INC.**Current Principal Place of Business:**2 HAMILL RD., STE. 155 WEST  
BALTIMORE, MD 21210**Current Mailing Address:**2 HAMILL RD., STE. 155 WEST  
BALTIMORE, MD 21210**FEI Number:** 52-0906953**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 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	CEO
Name	WURFL, JOCHEN
Address	2 HAMILL RD., STE. 155 WEST
City-State-Zip:	BALTIMORE MD 21210

Title	VP
Name	DIPIETRO, SALVATORE
Address	2 HAMILL RD., STE. 155 WEST
City-State-Zip:	BALTIMORE MD 21210

Title	P
Name	CARROLL, THOMAS
Address	2 HAMILL RD., STE. 155 WEST
City-State-Zip:	BALTIMORE MD 21210

Title	T
Name	CARROLL, DANA
Address	2 HAMILL RD., STE. 155 WEST
City-State-Zip:	BALTIMORE MD 21210

*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:** JOCHEN WURFL

CEO

01/09/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date