

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000486

Entity Name: INSURANCE, INC.**Current Principal Place of Business:**10461 MILL RUN CIRCLE SUITE 1000
OWINGS MILLS, MD 21117**Current Mailing Address:**10461 MILL RUN CIRCLE SUITE 1000
OWINGS MILLS, MD 21117 US**FEI Number:** 52-0570141**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	CP
Name	CASEY JR, ARTHUR D
Address	10461 MILL RUN CIRCLE SUITE 1000
City-State-Zip:	OWINGS MILLS MD 21117

Title	VC
Name	KRELL, AMIR
Address	10461 MILL RUN CIRCLE SUITE 1000
City-State-Zip:	OWINGS MILLS MD 21117

Title	DT
Name	SUTTON, TRACY
Address	10461 MILL RUN CIRCLE SUITE 1000
City-State-Zip:	OWINGS MILLS MD 21117

Title	DS
Name	ROSENBERG, STEWART H
Address	10461 MILL RUN CIRCLE SUITE 1000
City-State-Zip:	OWINGS MILLS MD 21117

Title	VP
Name	SUMMERFIELD, ALAN
Address	10461 MILL RUN CIRCLE SUITE 1000
City-State-Zip:	OWINGS MILLS MD 21117

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: ARTHUR D. CASEY JR.**PRESIDENT****04/06/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date