

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004447

**Entity Name:** SYNERGY INSURANCE COMPANY**Current Principal Place of Business:**217 S TYRON STREET  
CHARLOTTE, NC 28202**Current Mailing Address:**217 S TYRON STREET  
CHARLOTTE, NC 28202 US**FEI Number:** 20-4790752**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCONNAUGHAY, JIM  
1709 HERMITAGE BLVD SUITE 200  
TALLAHASSEE, FL 32308 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 FLACHS, BRUCE  
Address 217 S TYRON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title D  
Name HIGGINS, ARLENE B  
Address 217 S TYRON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title D  
Name LAVOIE, MARK P  
Address 217 S TYRON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title DST  
Name GRANT, SCOTT H  
Address 217 S TYRON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title D  
Name BOWYER, JILL  
Address 217 S TYRON STREET  
City-State-Zip: CHARLOTTE NC 28202

Title D  
Name BRAZEE, JOSHUA J  
Address 217 S TYRON STREET  
City-State-Zip: CHARLOTTE NC 28202

*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: GRANT , SCOTT H****TREASURER****01/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date