

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000000229

**Entity Name:** INAMAR INSURANCE UNDERWRITING AGENCY, INC.

**FILED**  
**Apr 25, 2017**  
**Secretary of State**  
**CC5410022388**

**Current Principal Place of Business:**

436 WALNUT STREET  
PHILADELPHIA, PA 19106

**Current Mailing Address:**

436 WALNUT STREET  
TAX DEP. WB12A  
PHILADELPHIA, PA 19106 US

**FEI Number:** 23-2257148

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
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 AVP  
Name FRANCOLINO, ANTHONY J  
Address 436 WALNUT STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title S  
Name COLLINS, REBECCA L  
Address 436 WALNUT STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title AS  
Name TACCA, THERESA M  
Address 436 WALNUT STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title T  
Name JORDAN, JOSEPH  
Address 436 WALNUT STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title PRESIDENT, DIRECTOR  
Name LEBO, THOMAS  
Address 436 WALNUT STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title VP, DIRECTOR  
Name ALGIGI, LEN  
Address 436 WALNUT STREET  
City-State-Zip: PHILADELPHIA PA 19106

*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:** THERESA M. TACCA

**ASSISTANT SECRETARY** 04/25/2017

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

\_\_\_\_\_  
Date