

No. C 177669		Due no later than Mar 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. INSURANCE OFFICE OF AMERICA, INC. CHRISTY A CALDWELL 1855 W SR 434 LONGWOOD FL 32750 USA		INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE 83705		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JEFF LAGOS	1855 WEST SR 434	LONGWOOD	FL	USA	32750
DIRECTOR	HEATH RITENOUR	1855 WEST SR 434	LONGWOOD	FL	USA	32750
DIRECTOR	JOHN K RITENOUR	1855 WEST SR 434	LONGWOOD	FL	USA	32750
TREASURER	THOMAS MEYERS	1855 WEST SR 434	LONGWOOD	FL	USA	32750
SECRETARY	JOHN WICK	1855 W SR 434	LONGWOOD	FL	USA	32750
DIRECTOR	WESLEY D SCOVANNER	1855 WEST SR 434	LONGWOOD	FL	USA	32750
5. Organized Under the Laws of: FL C 177669		6. Annual Report must be signed.* Signature: Wesley D Scovanner Name (type or print): Wesley D Scovanner		Date: 03/17/2015 Title: Director		
Processed 03/17/2015		* Electronically provided signatures are accepted as original signatures.				