



0004051734



**STATE OF IDAHO**  
 Office of the secretary of state, Lawrence Denney  
**ANNUAL REPORT**  
 Idaho Secretary of State  
 PO Box 83720  
 Boise, ID 83720-0080  
 (208) 334-2301  
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File #: 0004051734

Date Filed: 11/4/2020 7:26:58 AM

| Entity Name and Mailing Address:  |   |                                   |       |                  |                   |           |                                   |                   |           |                                   |
|---|---|-----------------------------------|-------|------------------|-------------------|-----------|-----------------------------------|-------------------|-----------|-----------------------------------|
| Entity Name:  | INPRO INSURANCE AGENCY, INC.  |                                   |       |                  |                   |           |                                   |                   |           |                                   |
| Foreign Name (name in home jurisdiction):   | INPRO INSURANCE AGENCY, INC.  |                                   |       |                  |                   |           |                                   |                   |           |                                   |
| The file number of this entity on the records of the Idaho Secretary of State is:   | 0000633658  |                                   |       |                  |                   |           |                                   |                   |           |                                   |
| Address   | 2095 E BIG BEAVER RD<br>STE 100<br>TROY, MI 48083-2356  |                                   |       |                  |                   |           |                                   |                   |           |                                   |
| Entity Details:   |   |                                   |       |                  |                   |           |                                   |                   |           |                                   |
| Entity Status   | Active-Good Standing  |                                   |       |                  |                   |           |                                   |                   |           |                                   |
| This entity is organized under the laws of:   | MICHIGAN  |                                   |       |                  |                   |           |                                   |                   |           |                                   |
| If applicable, the old file number of this entity on the records of the Idaho Secretary of State was:   | C216172   |                                   |       |                  |                   |           |                                   |                   |           |                                   |
| The registered agent on record is:  |   |                                   |       |                  |                   |           |                                   |                   |           |                                   |
| Registered Agent  | DEAN L CAMERON<br>Commercial Registered Agent<br>Physical Address<br>700 W STATE ST 3RD FL<br>IDAHO DEPARTMENT OF INSURANCE<br>BOISE, ID 83702<br>Mailing Address<br>700 W STATE ST 3RD FL<br>DEAN L CAMERON<br>BOISE, ID 83702 |                                   |       |                  |                   |           |                                   |                   |           |                                   |
| Agent or Address Change   |   |                                   |       |                  |                   |           |                                   |                   |           |                                   |
| <input type="checkbox"/> Select if you are appointing a new agent.  |   |                                   |       |                  |                   |           |                                   |                   |           |                                   |
| Corporate Officers and Directors:   |   |                                   |       |                  |                   |           |                                   |                   |           |                                   |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Business Address</th> </tr> </thead> <tbody> <tr> <td>+ David W Goodman</td> <td>President</td> <td>2840 ASHBURY DR<br/>TROY, MI 48083</td> </tr> <tr> <td>+ David W Goodman</td> <td>Treasurer</td> <td>2840 ASHBURY DR<br/>TROY, MI 48083</td> </tr> </tbody> </table> |   | Name                              | Title | Business Address | + David W Goodman | President | 2840 ASHBURY DR<br>TROY, MI 48083 | + David W Goodman | Treasurer | 2840 ASHBURY DR<br>TROY, MI 48083 |
| Name  | Title   | Business Address                  |       |                  |                   |           |                                   |                   |           |                                   |
| + David W Goodman   | President   | 2840 ASHBURY DR<br>TROY, MI 48083 |       |                  |                   |           |                                   |                   |           |                                   |
| + David W Goodman   | Treasurer   | 2840 ASHBURY DR<br>TROY, MI 48083 |       |                  |                   |           |                                   |                   |           |                                   |
| The annual report must be signed by an authorized signer of the entity.   |   |                                   |       |                  |                   |           |                                   |                   |           |                                   |
| <i>Connie Dominick</i>  | <u>11/04/2020</u>   |                                   |       |                  |                   |           |                                   |                   |           |                                   |
| Sign Here   | Date  |                                   |       |                  |                   |           |                                   |                   |           |                                   |
| Job Title: Accounting Supervisor  |   |                                   |       |                  |                   |           |                                   |                   |           |                                   |

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