

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006989

FILED  
Mar 17, 2010  
Secretary of State

Entity Name: INSURANCE CENTRAL, INC.

**Current Principal Place of Business:**

1155 EUGENIA PLACE  
CARPINTERIA, CA 93013

**New Principal Place of Business:**

**Current Mailing Address:**

1155 EUGENIA PLACE  
CARPINTERIA, CA 93013

**New Mailing Address:**

FEI Number: 77-0474382      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: WIGLE, JOHN BYRON  
Address: 1155 EUGENIA PLACE  
City-St-Zip: CARPINTERIA, CA 93013

Title: T  
Name: DOWEN, ANDREW JOHN  
Address: 1155 EUGENIA PLACE  
City-St-Zip: CARPINTERIA, CA 93013

Title: D  
Name: WIGLE, JOHN  
Address: 1155 EUGENIA PLACE  
City-St-Zip: CARPINTERIA, CA 93013

Title: S  
Name: CARD-VASQUEZ, PATRICIA  
Address: 1155 EUGENIA PLACE  
City-St-Zip: CARPINTERIA, CA 93013

Title: D  
Name: CAPRITTO, JULIETTE  
Address: 1155 EUGENIA PLACE  
City-St-Zip: CARPINTERIA, CA 93013

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: JOHN WIGLE

CP

03/17/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date