

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004117

**Entity Name:** D.C.I. INSURANCE AGENCY INC.

**Current Principal Place of Business:**

11532 W 183RD ST SUITE SW  
ORLAND PARK, IL 60467

**Current Mailing Address:**

11532 W 183RD ST SUITE SW  
ORLAND PARK, IL 60467

**FEI Number:** 20-5280521

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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           DPT  
Name           CONSTANTINE, DANIEL R  
Address        11532 W 183RD ST SUITE SW  
City-State-Zip: ORLAND PARK IL 60467

Title           DVP  
Name           CONSTANTINE, DAVID J  
Address        11532 W 183RD ST SUITE SW  
City-State-Zip: ORLAND PARK IL 60467

Title           DS  
Name           CONSTANTINE, CARRIE A  
Address        11532 W 183RD ST SUITE SW  
City-State-Zip: ORLAND PARK IL 60467

*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:** DANIEL R. CONSTANTINE

DPT

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date