BUSINESS CORPORATION ANNUAL REPORT

10-2017

NAME OF BUSINESS CORPORATION: **The Insurance Centers.com Inc.**

SECRETARY OF STATE ID NUMBER: 1404211 STATE OF FORMATION: NC

REPORT FOR THE FISCAL YEAR END: 12/31/2015

Filing Office Use Only

E-Filed Annual Report
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CA201806403144
3/5/2018 03:28

☐ Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Olivera, Wilson

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS & COUNTY

705 UMSTEAD LANE
GARNER, NC 27529 Wake County

4. REGISTERED OFFICE MAILING ADDRESS

705 UMSTEAD LANE
GARNER, NC 27529

SECTION B: PRINCIPAL OFFICE INFORMATION

1. **DESCRIPTION OF NATURE OF BUSINESS:** **Insurance Broker**

2. **PRINCIPAL OFFICE PHONE NUMBER:** (919) 235-2274

3. **PRINCIPAL OFFICE EMAIL:** Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY

705 UMSTEAD LANE
Garner, NC 27529

5. PRINCIPAL OFFICE MAILING ADDRESS

705 UMSTEAD LANE
Garner, NC 27529

6. **Select one of the following if applicable. (Optional see instructions)**

☐ The company is a veteran-owned small business

☐ The company is a service-disabled veteran-owned small business

SECTION C: OFFICERS (Enter additional officers in Section E.)

NAME: Wilson Olivera	NAME:	NAME:
TITLE: Chief Executive Officer	TITLE:	TITLE:
ADDRESS: 705 UMSTEAD LANE GARNER, NC 27529	ADDRESS:	ADDRESS:

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

Wilson Olivera — SIGNATURE

3/5/2018 — DATE

Form must be signed by an officer listed under Section C of this form.

Wilson Olivera — Print or Type Name of Officer

Chief Executive Officer — Print or Type Title of Officer

This Annual Report has been filed electronically.
MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525