BUSINESS CORPORATION ANNUAL REPORT

1/6/2022

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: 12/31/2021

Filing Office Use Only

E - Filed Annual Report
1404211
CA202227001335
9/27/2022 04:45

☒ 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 AGENT OFFICE STREET ADDRESS **& COUNTY**

7700 SIX FORKS ROAD
RALEIGH, NC 27615 Wake County

4. REGISTERED AGENT OFFICE MAILING ADDRESS

7700 SIX FORKS ROAD
RALEIGH, NC 27615

SECTION B: PRINCIPAL OFFICE INFORMATION

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

2. PRINCIPAL OFFICE PHONE NUMBER: (919) 662-9013

3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS

7700 SIX FORKS ROAD
RALEIGH, NC 27615

5. PRINCIPAL OFFICE MAILING ADDRESS

7700 SIX FORKS ROAD
RALEIGH, NC 27615

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:	7700 SIX FORKS ROAD RALEIGH, NC 27615	ADDRESS:		ADDRESS:	

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

Wilson Olivera — SIGNATURE

9/27/2022 — 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