

1.) CORPORATION NAME:

WEXLER INSURANCE AGENCY, INC.

DUE DATE: **12/30/2010**

SCC ID NO: **F1532144**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

201 N. UNION ST. STE 140

ALEXANDRIA, VA 22314

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1120 PONCE DELEON BLVD

CITY/ST/ZIP: CORAL GABLES, FL 33134-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: STEVEN M WEXLER
TITLE: PRESIDENT
ADDRESS: 1120 PONCE DE LEON BLVD
CITY/ST/ZIP/CO: CORAL GABLES, FL 33134-

OFFICER

DIRECTOR

NAME: GARY J WASSERMAN
TITLE: VICE PRESIDENT
ADDRESS: 1120 PONCE DE LEON BLVD
CITY/ST/ZIP/CO: CORAL GABLES, FL 33134-

OFFICER

DIRECTOR

NAME: MICHAEL J WEXLER
TITLE: DIRECTOR
ADDRESS: 1120 PONCE DE LEON BLVD
CITY/ST/ZIP/CO: CORAL GABLES, FL 33134-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MICHAEL J WEXLER

MICHAEL J WEXLER, DIRECTOR

11/5/2010

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.