

1.) CORPORATION NAME:

**WEXLER INSURANCE AGENCY, INC.**

DUE DATE: **12/31/2011**

SCC ID NO: **F1532144**

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

**AUTH IN VI**

**NATIONAL REGISTERED AGENTS INC**

**4001 North Ninth Street, Suite 227**

**ARLINGTON, VA 22203**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 50         |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

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.

|   |                                   |                  |
|---|-----------------------------------|------------------|
| <u>/s/ MICHAEL J WEXLER</u>                         | <u>MICHAEL J WEXLER, DIRECTOR</u> | <u>11/9/2011</u> |
| 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.