

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212514986

1.) CORPORATION NAME:

**Axcel Insurance Agency, Inc. (USED IN VA BY:ADVANCED
INSURANCE COVERAGES, INC.)**

DUE DATE: **4/30/2012**

SCC ID NO: **F1623026**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 455 FAIRWAY DRIVE STE 102

CITY/ST/ZIP: DEERFIELD BEACH, FL 33441

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:	Stephen Harty	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	555 Corporate Drive		
CITY/ST/ZIP/CO:	KALISPELL, MT 59901		

NAME:	PAMELA B GERALD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	455 FAIRWAY DR STE 102		
CITY/ST/ZIP/CO:	DEERFIELD BEACH, FL 33441		

NAME:	DAVID DECLARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	250 N SUNNY SLOPE ROAD		
CITY/ST/ZIP/CO:	STE 110 BROOKFIELD, WI 53005		

NAME:	JULIA A JENSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	250 N SUNNY SLOPE ROAD		
CITY/ST/ZIP/CO:	STE 110 BROOKFIELD, WI 53005		

NAME:	KENNETH L DOWD JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 N SUNNY SLOPE RD STE 110		
CITY/ST/ZIP/CO:	BROOKFIELD, WI 53005		

NAME: Michael Lemons TITLE: ASST TREASURER ADDRESS: 555 Corporate Drive CITY/ST/ZIP/CO: Kalispell, MT 59901	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Kristine Blommel TITLE: Controller ADDRESS: 250 N. Sunny Slope Road CITY/ST/ZIP/CO: Suite 110 Brookfield, WI 53005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ JULIA A JENSEN	JULIA A JENSEN, SECRETARY	4/24/2012
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.