

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212515985

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.

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEPHEN HARTY		
TITLE:	PRESIDENT		
ADDRESS:	555 CORPORATE DRIVE		
CITY/ST/ZIP/CO:	KALISPELL, MT 59901		

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

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

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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
NAME:	KRISTINE BLOMMEL		
TITLE:	CONTROLLER		
ADDRESS:	250 N. SUNNY SLOPE ROAD		
CITY/ST/ZIP/CO:	SUITE 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		

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/ JULIA A JENSEN</u>	<u>JULIA A JENSEN, SECRETARY</u>	<u>4/30/2012</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.