

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214552679

1.) CORPORATION NAME:

**Bankers Insurance Services, Inc.**

DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER, 16TH FLOOR  
1111 EAST MAIN STREET**

SCC ID NO: **F1733155**

**RICHMOND, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 500        |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11101 ROOSEVELT BLVD NORTH

CITY/ST/ZIP: ST PETERSBURG, FL 33716

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:           | WILBUR MARTIN              | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT                  |   |  |
| ADDRESS:        | 11101 ROOSEVELT BLVD NORTH |   |  |
| CITY/ST/ZIP/CO: | ST PETERSBURG, FL 33716    |   |  |

|                 |                         |   |                                   |
|-----------------|-------------------------|---|-----------------------------------|
| NAME:           | IAN B BARBER            | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT          |   |                                   |
| ADDRESS:        | 11101 ROOSEVELT BLVD N  |   |                                   |
| CITY/ST/ZIP/CO: | ST PETERSBURG, FL 33716 |   |                                   |

|                 |                         |   |                                   |
|-----------------|-------------------------|---|-----------------------------------|
| NAME:           | BRIAN J KESNECK         | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT          |   |                                   |
| ADDRESS:        | 11101 ROOSEVELT BLVD N  |   |                                   |
| CITY/ST/ZIP/CO: | ST PETERSBURG, FL 33716 |   |                                   |

|                 |                          |   |                                   |
|-----------------|--------------------------|---|-----------------------------------|
| NAME:           | WHITLEY N WARD           | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT           |   |                                   |
| ADDRESS:        | 1500 KINGS HWY           |   |                                   |
| CITY/ST/ZIP/CO: | PORT CHARLOTTE, FL 33980 |   |                                   |

|                 |                          |   |                                   |
|-----------------|--------------------------|---|-----------------------------------|
| NAME:           | ANNA ARENA               | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | TREASURER                |   |                                   |
| ADDRESS:        | 11101 ROOSEVELT BLVD. N. |   |                                   |
| CITY/ST/ZIP/CO: | ST. PETERSBURG, FL 33716 |   |                                   |

|                 |                         |   |                                   |
|-----------------|-------------------------|---|-----------------------------------|
| NAME:           | RICHARD G TORRA         | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY               |   |                                   |
| ADDRESS:        | 11101 ROOSEVELT BLVD N  |   |                                   |
| CITY/ST/ZIP/CO: | ST PETERSBURG, FL 33716 |   |                                   |

|  |  |                                  |  |
|--|--|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | JOHN A STRONG<br>DIRECTOR<br>11101 ROOSEVELT BLVD N<br>ST PETERSBURG, FL 33716 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> 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/ IAN B BARBER   | IAN B BARBER, VICE PRESIDENT   | 12/9/2014                        |  |
| 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. |  |                                  |  |