

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214549742

1.) CORPORATION NAME:

US Assure Insurance Services of Florida, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RALS VA LLC
7288 HANOVER GREEN DR
MECHANICSVILLE, VA**

SCC ID NO: **F1882671**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	10,000
COMNV	90,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8230 NATIONS WAY

CITY/ST/ZIP: JACKSONVILLE, FL 32256

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 checked="" type="checkbox"/> DIRECTOR
NAME:	ANDREW J FERGUSON		
TITLE:	PRESIDENT		
ADDRESS:	8230 NATIONS WAY		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32256		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL ALAN FERGUSON		
TITLE:	VICE PRESIDENT		
ADDRESS:	8230 NATIONS WAY		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32256		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHRISTOPHER F EMANS		
TITLE:	SECRETARY		
ADDRESS:	8230 NATIONS WAY		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32256		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS F PETWAY IV		
TITLE:	CEO/CHAIRMAN		
ADDRESS:	8230 NATIONS WAY		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32256		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	G. ALAN HOWARD		
TITLE:	ASST SECRETARY		
ADDRESS:	8230 NATIONS WAY		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32256		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS F PETWAY, III		
TITLE:	VICE CHAIRMAN		
ADDRESS:	8230 NATIONS WAY		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32256		

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/ CHRISTOPHER F EMANS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CHRISTOPHER F EMANS, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>11/11/2014</u> DATE
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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.