

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004042

FILED
Apr 16, 2009
Secretary of State

Entity Name: ACIG INSURANCE AGENCY, INC.

Current Principal Place of Business:

12222 MERIT DRIVE, #1660
DALLAS, TX 75251

New Principal Place of Business:

Current Mailing Address:

12222 MERIT DRIVE, #1660
DALLAS, TX 75251

New Mailing Address:

FEI Number: 75-1840351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ.
1267 BERKSHIRE LANE, SUITE 200
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MCINTYRE, IV, WILLIAM S
Address: 12222 MERIT DRIVE SUITE 1660
City-St-Zip: DALLAS, TX 75251

Title: P () Delete
Name: O'NEILL, MICHAEL J
Address: 390 ASHWOOD LANE
City-St-Zip: FAIRVIEW, TX 75069

Title: D () Delete
Name: PEPPER, RICHARD S
Address: 673 NORTH ORLEANS STREET
City-St-Zip: CHICAGO, IL 60610

Title: D () Delete
Name: PITCOCK, JAMES D JR
Address: 12222 MERIT DRIVE SUITE 1660
City-St-Zip: DALLAS, TX 75251

Title: D () Delete
Name: DANELLA, JAMES D
Address: 2290 BUTLER PIKE
City-St-Zip: PLYMOUTH MEETING, PA 19462

Title: D () Delete
Name: GRAY, MELVIN
Address: ONE GRAYCOR DRIVE
City-St-Zip: HOMEWOOD, IL 60430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PEPPER, RICHARD S
Address: 643 NORTH ORLEANS STREET
City-St-Zip: CHICAGO, IL 60610

Title: D (X) Change () Addition
Name: PITCOCK, JAMES D JR
Address: P.O. BOX 66428, 3800 MILAM
City-St-Zip: HOUSTON, TX 77266

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM S. MCINTYRE, IV

C

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date