

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004042

FILED
Apr 28, 2010
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
Name: MCINTYRE, IV, WILLIAM S
Address: 12222 MERIT DRIVE SUITE 1660
City-St-Zip: DALLAS, TX 75251

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL J. O'NEILL

P

04/28/2010

Electronic Signature of Signing Officer or Director

_____ Date