

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004607

FILED
Apr 11, 2011
Secretary of State

Entity Name: EXP INSURANCE AGENCY, INC.

Current Principal Place of Business:

600 CORPORATE PARK DR
ATTN: MARK L LITOW
ST LOUIS, MO 63105

New Principal Place of Business:

Current Mailing Address:

600 CORPORATE PARK DR
ATTN: MARK L LITOW
ST LOUIS, MO 63105

New Mailing Address:

FEI Number: 71-0952339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: D
Name: TAYLOR, ANDREW C
Address: 600 CORPORATE PARK DR
City-St-Zip: ST LOUIS, MO 63105

Title: D
Name: NICHOLSON, PAMELA M
Address: 600 CORPORATE PARK DR
City-St-Zip: ST LOUIS, MO 63105

Title: TDAS
Name: SNYDER, WILLIAM W
Address: 600 CORPORATE PARK DR
City-St-Zip: ST LOUIS, MO 63105

Title: PD
Name: KAPLAN, LEE R
Address: 600 CORPORATE PARK DR
City-St-Zip: ST LOUIS, MO 63105

Title: V
Name: THURMANN, ERICH
Address: 600 CORPORATE PARK DR
City-St-Zip: ST LOUIS, MO 63105

Title: S
Name: LITOW, MARK I
Address: 600 CORPORATE PARK DR
City-St-Zip: ST LOUIS, MO 63105

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: MARK I LITOW

S

04/11/2011

Electronic Signature of Signing Officer or Director

_____ Date