2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001538

WELCH, JOHN F

333 S WABASH AVE

CHICAGO, IL 60604

Name:

Address:

City-St-Zip:

Entity Name: SUR INSURANCE AGENCY, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 101 S PHILLIPS AVE SIOUX FALLS, SD 571046703 **Current Mailing Address: New Mailing Address:** PO BOX 5077 SIOUX FALLS, SD 571175077 FEI Number: 59-1630046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DOUGHERTY, MICHAEL A Name: Name: 333 S WABASH AVE Address: Address: City-St-Zip: CHICAGO, IL 60604 City-St-Zip: Title: **PCEO** Title: () Delete () Change () Addition Name: BRUFLAT, PAUL T Name: 101 S PHILLIPS AVE Address: Address: SIOUX FALLS, SD 571046703 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition COOPER, MELISSA D Name: Name: 101 S PHILLIPS AVE Address: Address: City-St-Zip: SIOUX FALLS, SD 571046703 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MELISSA D. COOPER ST 04/14/2009