

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005935

FILED
Apr 22, 2011
Secretary of State

Entity Name: CIB INSURANCE AGENCY, INC.

Current Principal Place of Business:

325 N. HOUGH STREET, 2ND FLOOR
BARRINGTON, IL 60010

New Principal Place of Business:

Current Mailing Address:

325 N. HOUGH STREET, 2ND FLOOR
BARRINGTON, IL 60010

New Mailing Address:

FEI Number: 36-3519519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: CHR
Name: WILSON, BRUCE A
Address: 325 N. HOUGH STREET, 2ND FLOOR
City-St-Zip: BARRINGTON, IL 60010

Title: PRES
Name: WILSON, CURT E H
Address: 325 N. HOUGH STREET, 2ND FLOOR
City-St-Zip: BARRINGTON, IL 60010

Title: SEC
Name: HOST, MICHAEL L
Address: 325 N. HOUGH ST, 2ND FLOOR
City-St-Zip: BARRINGTON, IL 60010

Title: VP
Name: AUGUST, LESLIE L
Address: 325 N. HOUGH ST, 2ND FLOOR
City-St-Zip: BARRINGTON, IL 60010

Title: ASEC
Name: CONNOR, STEPHEN
Address: 325 N. HOUGH ST, 2ND FLOOR
City-St-Zip: BARRINGTON, IL 60010

Title: VP
Name: KERN, RACHEL M
Address: 325 N. HOUGH ST, 2ND FLOOR
City-St-Zip: BARRINGTON, IL 60010

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: RACHEL M. KERN

VP

04/22/2011

Electronic Signature of Signing Officer or Director

Date