

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005099

FILED  
Jan 27, 2011  
Secretary of State

Entity Name: SA INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

7400 COLLEGE BLVD.  
STE. 100  
OVERLAND PARK, KS 66210

**New Principal Place of Business:**

**Current Mailing Address:**

2345 GRAND BLVD.  
STE 610  
KANSAS CITY, MO 64108

**New Mailing Address:**

FEI Number: 27-2874018      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

3H AGENT SERVICES, INC.  
1970 OTTER WAY  
PALM HARBOR, FL 34685      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: EVPS  
Name: INGRAHAM, JAMES H  
Address: 2345 GRAND BLVD.  
City-St-Zip: KANSAS CITY, MO 64108

Title: CEOP  
Name: KLINE, LEONARD P JR.  
Address: 2345 GRAND BLVD.  
City-St-Zip: KANSAS CITY, MO 64108

Title: EVT  
Name: SCHNEIDER, ROBERT S CFO  
Address: 2345 GRAND BLVD.  
City-St-Zip: KANSAS CITY, MO 64108

Title: EVP  
Name: STOLLE, CALVIN J  
Address: 2345 GRAND BLVD.  
City-St-Zip: KANSAS CITY, MO 64108

Title: P  
Name: WILSON, THOMAS F JR.  
Address: 7400 COLLEGE BLVD.  
City-St-Zip: OVERLAND PARK, KS 66210

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: JAMES H. INGRAHAM

EVPS

01/27/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date