

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90082 045 ***150.00

DOCUMENT # F96000002244

1. Entity Name

FIRST INSURANCE AGENCY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

307 W 7TH STREET

Suite, Apt. #, etc.

3. Mailing Address

300 ST. PAUL PLACE

Suite, Apt. #, etc.

BSP100

City & State

FORT WORTH, TX

City & State

BALTIMORE, MD

Zip

76113

Country

Zip

21202

Country

4. FEI Number

61-0602178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

8. 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

(Signature, typed or printed name of registered agent and title if applicable)

(No DUE, Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
P D
RICHARD C. AGNELLO
STREET ADDRESS
307 W 7TH STREET
CITY-ST-ZIP
FORT WORTH, TX 76113

TITLE
NAME
D
DAVID R. NEAVES
STREET ADDRESS
307 W 7TH STREET
CITY-ST-ZIP
FORT WORTH, TX 76113

TITLE
NAME
D
PETER B. DAHLBERG
STREET ADDRESS
307 W 7TH STREET
CITY-ST-ZIP
FORT WORTH, TX 76113

TITLE
NAME
S
JOHN D. HATCH
STREET ADDRESS
307 W 7TH STREET
CITY-ST-ZIP
FORT WORTH, TX 76113

TITLE
NAME
T
PAULA D. LARKIN
STREET ADDRESS
307 W 7TH STREET
CITY-ST-ZIP
FORT WORTH, TX 76113

TITLE
NAME
AS
JOHN I. JONES
STREET ADDRESS
300 ST PAUL PLACE
CITY-ST-ZIP
BALTIMORE, MD 21202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with or without a power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN I. JONES

4/30/02

410-332-3000

CR2E034B (12/01)