2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90085 045 ***150.00

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1. Entity Name
FIRST INSURANCE AGENCY, INC.

94029356

Principal Place of Business	Mailing Address
307 W 7TH STREET FORT WORTH, TX 76113	300 ST PAUL PLACE BSPD10D BALTIMORE, MD 21202

02272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-0602178
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AGNELLO, RICHARD C
STREET ADDRESS	307 W 7TH STREET
CITY-ST-ZIP	FORT WORTH, TX 76113
TITLE	D
NAME	NEAVES, DAVID R
STREET ADDRESS	307 W 7TH STREET
CITY-ST-ZIP	FORT WORTH, TX 76113
TITLE	D
NAME	DAHLBERG, PETER B
STREET ADDRESS	307 W 7TH STREET
CITY-ST-ZIP	FORT WORTH, TX 76113
TITLE	S
NAME	HATCH, JOHN D
STREET ADDRESS	307 W 7TH STREET
CITY-ST-ZIP	FORT WORTH, TX 76113
TITLE	T
NAME	LARKIN, PAULA D
STREET ADDRESS	307 W 7TH STREET
CITY-ST-ZIP	FORT WORTH, TX 76113
TITLE	MS
NAME	JONES, JOHN I
STREET ADDRESS	300 ST. PAUL PLACE
CITY-ST-ZIP	BALTIMORE, MD 21202

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ John I Jones 3/3/04 (410) 332-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #