2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# F06000004796

Entity Name: FS INSURANCE AGENCY, INC.

Current Principal Place of Business:

1701 TOWANDA AVENUE
BLOOMINGTON, IL 61701

New Principal Place of Business:

Current Mailing Address:

1701 TOWANDA AVENUE
BLOOMINGTON, IL 61701

New Mailing Address:

FEI Number: 37-0866640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: KELLEY, DANIEL T
Address: 2633 N LINDEN ST
City-St-Zip: NORMAL, IL 617619404

Title: T ( ) Delete
Name: BOHBRINK, MARSHALL
Address: 1701 TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61701

Title: S ( ) Delete
Name: ESTHER, JR, CHET
Address: RR#1 BOX 91
City-St-Zip: FREDERICK, IL 62639

Title: VP ( ) Delete
Name: BARWICK, STEVE
Address: 1701 TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61701

Title: VP ( ) Delete
Name: BOSTROM, BRENT D
Address: 1701 TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61701

Title: VP ( ) Delete
Name: ANDERSON, DAVIS
Address: 1701 TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: WILLIAM D ERLENBUSH CONT 04/02/2009

Electronic Signature of Signing Officer or Director — Date