#### **2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004042

Entity Name: ACIG INSURANCE AGENCY, INC.

FILED
Apr 21, 2020
Secretary of State
5985029794CC

# **Current Principal Place of Business:**

2600 N. CENTRAL EXPRESSWAY, STE 800

RICHARDSON, TX 75080

### **Current Mailing Address:**

2600 N. CENTRAL EXPRESSWAY, STE 800 RICHARDSON, TX 75080 US

FEI Number: 75-1840351 Certificate of Status Desired: No

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

REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DR STE A

TALLAHASSEE, FL 32301 US

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

### Officer/Director Detail:

800

Title CHAIRMAN, DIRECTOR Title CEO, DIRECTOR

Name MCINTYRE, WILLIAM S IV Name O'NEILL, MICHAEL J

Address 2600 N. CENTRAL EXPRESSWAY, STE Address 2600 N CENTRAL EXPRESSWAY,

SUITE 800

City-State-Zip: RICHARDSON TX 75080 City-State-Zip: RICHARDSON TX 75080

Title DIRECTOR Title DIRECTOR

NamePEPPER, J STANLEYNamePITCOCK, JR., JAMES DAddress643 N. ORLEANS STREETAddress3800 MILAM STREETCity-State-Zip:CHICAGO IL 60610City-State-Zip:HOUSTON TX 77006

Title DIRECTOR Title DIRECTOR

NameDANELLA, JAMES DNameDRINKWARD, WAYNE AAddress2290 BUTLER PIKEAddress805 SW BROADWAY

STE 2100

City-State-Zip: PLYMOUTH MEETING PA 19462 City-State-Zip: PORTLAND OR 97205

Title DIRECTOR Title DIRECTOR

Name GRAY, MATTHEW J Name SWANSON, JAMES T

Address TWO MID AMERICA PLAZA, SUITE 400

Address TWO MID AMERICA PLAZA, SUITE 400 Address 1707 E. HIGHLAND AVE.

City-State-Zip: OAKBROOK TERRACE IL 60181

City-State-Zip: PHOENIX AZ 85016

# Continues on page 2

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: RICHARD B. PORTER

SECRETARY/TREASURER 04/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

#### Officer/Director Detail Continued:

SECRETARY/TREASURER VP Title Title

Name PORTER, RICHARD B Name JONES, MERLE E

Address 2600 N. CENTRAL EXPRESSWAY Address 2600 N. CENTRAL EXPRESSWAY, STE 800

**STE 800** 

RICHARDSON TX 75080 RICHARDSON TX 75080 City-State-Zip: City-State-Zip:

**PRESIDENT** Title DIRECTOR Title

Name SHAY, JAMES M Name SMALL, KEVIN S

Address 2600 N. CENTRAL EXPRESSWAY, STE 800 Address 6205 DISTRICT BLVD.

City-State-Zip: BAKERSFIELD CA 93313 City-State-Zip: RICHARDSON TX 75080

Title **DIRECTOR** Title **DIRECTOR** 

SQUERI, THOMAS H Name Name SCHMIDT, GREGORY A

Address 350 TECHNOLOGY DRIVE 86 INVERNESS PLACE NORTH Address

City-State-Zip: WATSONVILLE CA 95076 ENGLEWOOD CO 80112 City-State-Zip:

Title DIRECTOR DIRECTOR Title

Name WILLIAMS, GREGORY J Name GOODRICH, WILLIAM H Address 1160 FACTORY STREET 205 INDIGO CREEK DRIVE Address

City-State-Zip: CONWAY AR 72032 City-State-Zip: ROCHESTER NY 14626