

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004796

Entity Name: FS INSURANCE AGENCY, INC.**Current Principal Place of Business:**1701 TOWANDA AVENUE
BLOOMINGTON, IL 61701**Current Mailing Address:**1701 TOWANDA AVENUE
BLOOMINGTON, IL 61701**FEI Number:** 37-0866640**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 :

Title VC
Name WOODS, MIKE
Address 1701 TOWANDA AVENUE
City-State-Zip: BLOOMINGTON IL 61701

Title ASST. SECRETARY
Name MILLER, DEBBIE
Address 1701 TOWANDA AVENUE
City-State-Zip: BLOOMINGTON IL 61701

Title VP
Name CARROLL, KEVIN
Address 1701 TOWANDA AVENUE
City-State-Zip: BLOOMINGTON IL 61701

Title TREASURER
Name LYNCH, JEFFREY
Address 1701 TOWANDA AVENUE
City-State-Zip: BLOOMINGTON IL 61701

Title S, VP
Name BOSTROM, BRENT
Address 1701 TOWANDA AVENUE
City-State-Zip: BLOOMINGTON IL 61701

Title ASST. SECRETARY
Name CRING, FAITH
Address 1701 TOWANDA AVENUE
City-State-Zip: BLOOMINGTON IL 61701

Title PRESIDENT, CEO
Name SPRADLIN, JAMES
Address 1701 TOWANDA AVENUE
City-State-Zip: BLOOMINGTON IL 61701

Title VP
Name SWANGO, GARY
Address 1701 TOWANDA AVENUE
City-State-Zip: BLOOMINGTON IL 61701

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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: WADE MITTELSTADT

VICE PRESIDENT

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name ERICSON, BRENT
Address 1701 TOWANDA AVENUE
City-State-Zip: BLOOMINGTON IL 61701

Title VP
Name MITTELSTADT, WADE
Address 1701 TOWANDA AVE
City-State-Zip: BLOOMINGTON IL 61701

Title VP
Name TURNER, MIKE
Address 1701 TOWANDA AVENUE
City-State-Zip: BLOOMINGTON IL 61701

Title VP
Name SCHMIDT, BARRY
Address 1701 TOWANDA AVE
City-State-Zip: BLOOMINGTON IL

Title VP
Name ORR, MARK
Address 1701 TOWANDA AVE
City-State-Zip: BLOOMINGTON IL 61701