

**2015 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 CEO / CHAIRMAN OF BOARD  
Name SOLBERT, JEFFREY M  
Address 1701 TOWANDA AVENUE  
City-State-Zip: BLOOMINGTON IL 61701

Title VC  
Name WOODS, MIKE  
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 VP  
Name BUCKALEW, STEVE  
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 ASST. SECRETARY  
Name CRING, FAITH  
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 VP  
Name KRUSE, SHELLY  
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

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
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

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

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

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