

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000004220

Entity Name: LONG & FOSTER INSURANCE AGENCY, INC.**Current Principal Place of Business:**14501 GEORGE CARTER WAY
CHANTILLY, VA 20151**Current Mailing Address:**333 SOUTH 7TH STREET FL 27
ATTN LEGAL DEPT
MINNEAPOLIS, MN 55402**FEI Number:** 54-1058190**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	DIRECTOR
Name	PELTIER, RONALD J
Address	333 SOUTH 7TH STREET, FL 27
City-State-Zip:	MINNEAPOLIS MN 55402

Title	D
Name	STRANDMO, DANA D
Address	333 SOUTH 7TH STREET, FL 27
City-State-Zip:	MINNEAPOLIS MN 35402

Title	S
Name	BROWNE, MICHAEL T
Address	333 SOUTH 7TH STREET, FL 27
City-State-Zip:	MINNEAPOLIS MN 55402

Title	VP
Name	DETWILER, JEFFREY S
Address	14501 GEORGE CARTER WAY
City-State-Zip:	CHANTILLY VA 20151

Title	PRESIDENT AND CEO
Name	BAIN, PATRICK M
Address	14501 GEORGE CARTER WAY
City-State-Zip:	CHANTILLY VA 20151

Title	CFO
Name	ENGER, BRUCE L
Address	14501 GEORGE CARTER WAY
City-State-Zip:	CHANTILLY VA 20151

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: MICHAEL T. BROWNE**SECRETARY****04/15/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date