

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849109

FILED
Mar 25, 2011
Secretary of State

Entity Name: EXECUTIVE INSURANCE AGENCY, INC. OF OHIO

Current Principal Place of Business:

130 SPRINGSIDE DRIVE
STE 300
AKRON, OH 44333 US

New Principal Place of Business:

Current Mailing Address:

130 SPRINGSIDE DRIVE
STE 300
AKRON, OH 44333 US

New Mailing Address:

FEI Number: 34-1004471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: P/D
Name: RYBKA, LAWRENCE J
Address: 130 SPRINGSIDE DR # 300
City-St-Zip: AKRON, OH 44333

Title: T
Name: CRITZER, DAVID K
Address: 130 SPRINGSIDE DR # 300
City-St-Zip: AKRON, OH 44333

Title: S
Name: MEYER, MELINDA S
Address: 130 SPRINGSIDE DR # 300
City-St-Zip: AKRON, OH 44333

Title: VP
Name: ARCELI, RICHARD
Address: 130 SPRINGSIDE DR # 300
City-St-Zip: AKRON, OH 44333

Title: D
Name: RYBKA, LAWRENCE S
Address: 130 SPRINGSIDE DR., SUITE 300
City-St-Zip: AKRON, OH 44333

Title: SH
Name: VALMARK INSURANCE AGENCY, INC.
Address: 130 SPRINGSIDE DR., SUITE 300
City-St-Zip: AKRON, OH 44333

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: DAVID CRITZER

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03/25/2011

Electronic Signature of Signing Officer or Director

Date