

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857805

FILED
Apr 08, 2009
Secretary of State

Entity Name: CAL FED INSURANCE AGENCY, INC.

Current Principal Place of Business:

2710 WINONA
BURBANK, CA 91504

New Principal Place of Business:

1000 TECHNOLOGY DRIVE
O'FALLON, MO 63368

Current Mailing Address:

PO BOX 30509
TAMPA, FL 336313226

New Mailing Address:

PO BOX 30509
TAX & REPORTING
TAMPA, FL 33631 US

FEI Number: 95-2707935

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BECKMANN, WILLIAM
Address: 1000 TECHNOLOGY DR.
City-St-Zip: O' FALLON, MO 63304

Title: AVP () Delete
Name: HOFFMAN, LISA
Address: 3800 CITIGROUP CTR
City-St-Zip: TAMPA, FL 33610

Title: VP D () Delete
Name: COLLINS, RALPH O II
Address: 1000 TECHNOLOGY DR
City-St-Zip: HALLAM, NE 68368

Title: T S () Delete
Name: BOYHER, JEFFREY L
Address: 1000 TECHNOLOGY DR.
City-St-Zip: O'FALLON, MO 63304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCORMICK, CAROLYN S
Address: 3001 MEACHAM BLVD
City-St-Zip: FORT WORTH, TX 76137

Title: AVP (X) Change () Addition
Name: HOFFMAN, LISA
Address: 3800 CITIGROUP CENTER DRIVE
City-St-Zip: TAMPA, FL 33610

Title: S T (X) Change () Addition
Name: BOYHER, JEFFERY L
Address: 1000 TECHNOLOGY DR
City-St-Zip: O'FALLON, MO 68368

Title: SVP (X) Change () Addition
Name: SHARPE, MICHAEL B
Address: 3001 MEACHAM BLVD
City-St-Zip: FORT WORTH, TX 76137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LISA HOFFMAN

AVP

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date