

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857805

FILED  
Apr 07, 2010  
Secretary of State

**Entity Name:** CAL FED INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1000 TECHNOLOGY DRIVE  
O'FALLON, MO 63368

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 30509  
TAX & REPORTING  
TAMPA, FL 33631 US

**New Mailing Address:**

**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: P  
Name: MCCORMICK, CAROLYN S  
Address: 3001 MEACHAM BLVD  
City-St-Zip: FORT WORTH, TX 76137

Title: VP  
Name: HOFFMAN, LISA  
Address: 3800 CITIGROUP CENTER DRIVE F1-12  
City-St-Zip: TAMPA, FL 33610

Title: S/T  
Name: BOYHER, JEFFERY L  
Address: 1000 TECHNOLOGY DR  
City-St-Zip: O'FALLON, MO 68368

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

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: LISA A. HOFFMAN

VP

04/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date