2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# F00000003133

Entity Name: THE BAR PLAN INSURANCE AGENCY, INC.

Current Principal Place of Business:

1717 HIDDEN CREEK COURT
ST LOUIS, MO 63131

New Principal Place of Business:

Current Mailing Address:

1717 HIDDEN CREEK COURT
ST LOUIS, MO 63131

New Mailing Address:

FEI Number: 43-1702852 **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 ROAD
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: BALDWIN, JAMES E
Address: 112 NORTH MADISON
City-St-Zip: LEBANON, MO

Title: SD ( ) Delete
Name: LARSON, DAVID E
Address: 11300 TOMAHAWK CREEK PKWY
City-St-Zip: LEAWOOD, KS 66211

Title: D ( ) Delete
Name: KAESTNER, GERRY
Address: 1717 HIDDEN CREEK COURT
City-St-Zip: ST LOUIS, MO

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: BALDWIN, JAMES E
Address: 112 NORTH MADISON
City-St-Zip: LEBANON, MO 65536 US

Title: SD (X) Change ( ) Addition
Name: LARSON, DAVID E
Address: 11300 TOMAHAWK CREEK PKWY
City-St-Zip: LEAWOOD, KS 66211 US

Title: P (X) Change ( ) Addition
Name: MCCARTHY, KAREN R
Address: 1717 HIDDEN CREEK COURT
City-St-Zip: ST LOUIS, MO 63131 US

Title: CFO ( ) Change (X) Addition
Name: KLAUS, GREGORY
Address: 1717 HIDDEN CREEK COURT
City-St-Zip: SAINT LOUIS, MO 63131 US

Title: V ( ) Change (X) Addition
Name: O'LEARY, PATRICK
Address: 1717 HIDDEN CREEK COURT
City-St-Zip: SAINT LOUIS, MO 63131 US

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: KAREN MCCARTHY P 01/14/2008

Electronic Signature of Signing Officer or Director — Date