

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005591

FILED
Feb 06, 2007
Secretary of State

Entity Name: POPULAR INSURANCE AGENCY USA, INC.

Current Principal Place of Business:

9600 W. BRYN MAWR AVE.
ROSEMONT, IL 60018

New Principal Place of Business:

9600 W. BRYN MAWR AVE.
6TH FLOOR
ROSEMONT, IL 60018

Current Mailing Address:

9600 W. BRYN MAWR AVE.
ROSEMONT, IL 60018

New Mailing Address:

9600 W. BRYN MAWR AVE.
6TH FLOOR
ROSEMONT, IL 60018

FEI Number: 36-4473714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CEOD () Delete
Name: HERENCIA, ROBERTO R
Address: 9600 W. BRYN MAWR AVE.
City-St-Zip: ROSEMONT, IL 60018

Title: PD () Delete
Name: PARACCHINI, ALBERTO
Address: 9600 W. BRYN MAWR AVE.
City-St-Zip: ROSEMONT, IL 60018

Title: SVP () Delete
Name: PETERS, DAVID F
Address: 9600 W. BRYN MAWR AVE.
City-St-Zip: ROSEMONT, IL 60018

Title: SVP () Delete
Name: ELLIS, JEFFREY E
Address: 9600 W. BRYN MAWR AVE.
City-St-Zip: ROSEMONT, IL 60018

Title: S () Delete
Name: SANTOS DE ALVAREZ, BRUNILDA
Address: 9600 W. BRYN MAWR AVE.
City-St-Zip: ROSEMONT, IL 60018

Title: D () Delete
Name: CARRION, RICHARD
Address: 9600 W. BRYN MAWR AVE.
City-St-Zip: ROSEMONT, IL 60018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID F. PETERS

SVP

02/06/2007

Electronic Signature of Signing Officer or Director

Date