2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# F02000002717

Entity Name: KELLY & ASSOCIATES INSURANCE GROUP, INC.

Current Principal Place of Business:

301 INTERNATIONAL CIRCLE
HUNT VALLEY, MD 21030

New Principal Place of Business:

Current Mailing Address:

301 INTERNATIONAL CIRCLE
HUNT VALLEY, MD 21030

New Mailing Address:

FEI Number: 52-1066374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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: C ( ) Delete
Name: SENATOR FRANCIS KELL, Y
Address: 1518 APPLE CROFT LANE
City-St-Zip: HUNT VALLEY, MD 21030

Title: PD ( ) Delete
Name: KELLY, FRANCIS X III
Address: 1200 SCOTTS KNOLL COURT
City-St-Zip: LUTHERVILLE, MD 21093

Title: VD ( ) Delete
Name: KELLY, JOHN R
Address: 604 CHESTNUT AVE.
City-St-Zip: TOWSON, MD 21204

Title: SD ( ) Delete
Name: KELLY, DAVID E
Address: 11295 MAYS CHAPEL ROAD
City-St-Zip: TIMONIUM, MD 21093

Title: VD ( ) Delete
Name: KELLY, BRYAN
Address: 513 CLUBLANE
City-St-Zip: TOWSON, MD 21218

Title: T ( ) Delete
Name: MOSIER, DAVID
Address: 1518 APPLE CROFT LANE
City-St-Zip: HUNT VALLEY, MD 21030

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 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 E. KELLY SD 01/26/2009

Electronic Signature of Signing Officer or Director — Date