

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005242

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** LPA INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

180 PROMENADE CIRCLE  
SUITE 220  
SACRAMENTO, CA 95834

**New Principal Place of Business:**

**Current Mailing Address:**

180 PROMENADE CIRCLE  
SUITE 220  
SACRAMENTO, CA 95834

**New Mailing Address:**

**FEI Number:** 68-0417308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION  
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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BROWN, TIMOTHY L  
Address: 180 PROMENADE CIRCLE, SUITE 220  
City-St-Zip: SACRAMENTO, CA 95834

Title: D  
Name: BANCO, JOSEPH  
Address: 1251 WATERFRONT PLACE, SUITE 510  
City-St-Zip: PITTSBURGH, PA 15222

Title: P  
Name: BROWN, TIMOTHY L  
Address: 180 PROMENADE CIRCLE, SUITE 220  
City-St-Zip: SACRAMENTO, CA 95834

Title: VP  
Name: FONG, SARAH F  
Address: 180 PROMENADE CIRCLE, SUITE 220  
City-St-Zip: SACRAMENTO, CA 95834

Title: CFO  
Name: BANCO, JOSEPH  
Address: 1251 WATERFRONT PLACE, SUITE 510  
City-St-Zip: PITTSBURGH, PA 15222

Title: D  
Name: DOWNS, DAVID  
Address: 1251 WATERFRONT PLACE, SUITE 510  
City-St-Zip: PITTSBURGH, PA 15222

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: TIMOTHY L. BROWN

P

01/07/2011

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

\_\_\_\_\_  
Date