2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2011
Secretary of State

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Entity Name: KIELY, HINES & ASSOCIATES INSURANCE AGENCY, INC.

Current Principal Place of Business:

6100 DUTCHMANS LANE, 10TH FLOOR
LOUISVILLE, KY 40205

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7669
LOUISVILLE, KY 402570669

New Mailing Address:

FEI Number: 61-0947056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLHASSEE, 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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: TRABUE, ELLEN K
Address: 6100 DUTCHMANS LANE, 10TH FLOOR
City-St-Zip: LOUISVILLE, KY 40205

Title: EV
Name: BOHN, JAMES A
Address: 6100 DUTCHMANS LANE, 10TH FLOOR
City-St-Zip: LOUISVILLE, KY 40205

Title: EV
Name: BROWN, JAMES E
Address: 6100 DUTCHMANS LANE, 10TH FLOOR
City-St-Zip: LOUISVILLE, KY 40205

Title: VST
Name: BOHN, JAMES A
Address: 6100 DUTCHMANS LANE, 10TH FLOOR
City-St-Zip: LOUISVILLE, KY 40205

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: ELLEN TRABUE CEO 04/07/2011

Electronic Signature of Signing Officer or Director — Date