

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003423

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

760 W. MAIN ST.  
SUITE 100  
BARRINGTON, IL 60010

**New Principal Place of Business:**

**Current Mailing Address:**

760 W. MAIN ST.  
SUITE 100  
BARRINGTON, IL 60010

**New Mailing Address:**

**FEI Number:** 36-2964176      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GOUDEAU, JACQUES  
3288 BISHOP PARK DRIVE 913  
WINTER PARK, FL 32792 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: CP  
Name: REYNOLDS, JEFFERY S  
Address: 760 W. MAIN ST., SUITE 100  
City-St-Zip: BARRINGTON, IL 60010

Title: DTS  
Name: JENSEN, DOUGLAS J  
Address: 760 W. MAIN ST., SUITE 100  
City-St-Zip: BARRINGTON, IL 60010

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: DOUGLAS J. JENSEN

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

DTS

01/27/2012

\_\_\_\_\_ Date