

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000415

FILED
Aug 14, 2007
Secretary of State

Entity Name: AAG INSURANCE AGENCY, INC.

Current Principal Place of Business:

250 E FIFTH ST
CINCINNATI, OH 45202

New Principal Place of Business:

Current Mailing Address:

250 E FIFTH ST
CINCINNATI, OH 45202

New Mailing Address:

FEI Number: 31-1422717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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: CVT () Delete
Name: MILLANO, CHRISTOPHER P
Address: 250 E FIFTH ST
City-St-Zip: CINCINNATI, OH 45202

Title: VCPS () Delete
Name: MUETHING, MARK F
Address: 250 E FIFTH ST
City-St-Zip: CINCINNATI, OH 45202

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPT (X) Change () Addition
Name: MILIANO, CHRISTOPHER P
Address: 250 E FIFTH ST
City-St-Zip: CINCINNATI, OH 45202

Title: DPS (X) Change () Addition
Name: MUETHING, MARK F
Address: 250 E FIFTH ST
City-St-Zip: CINCINNATI, OH 45202

Title: VP () Change (X) Addition
Name: HENDERSON, JAMES L
Address: 525 VINE STREET
City-St-Zip: CINCINNATI, OH 45202

Title: VP () Change (X) Addition
Name: NERONE, PETER J
Address: 525 VINE STREET
City-St-Zip: CINCINNATI, OH 45202

Title: AT () Change (X) Addition
Name: MISCHELL, THOMAS E
Address: ONE EAST FOURTH STREET
City-St-Zip: CINCINNATI, OH 45202

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: THOMAS E. MISCHELL

AT

08/14/2007

Electronic Signature of Signing Officer or Director

_____ Date