2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

DOCUMENT# F06000004796

Entity Name: FS INSURANCE AGENCY, INC.

Current Principal Place of Business:

1701 TOWANDA AVENUE
BLOOMINGTON, IL 61701

New Principal Place of Business:

Current Mailing Address:

1701 TOWANDA AVENUE
BLOOMINGTON, IL 61701

New Mailing Address:

FEI Number: 37-0866640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: C
Name: KELLEY, DANIEL T
Address: 2633 N LINDEN ST
City-St-Zip: NORMAL, IL 617619404

Title: TRVP
Name: BOHBRINK, MARSHALL P
Address: 3107 SABLE OAKS ROAD
City-St-Zip: BLOOMINGTON, IL 61704

Title: S
Name: ESTHER, JR, CHET
Address: RR#1 BOX 91
City-St-Zip: FREDERICK, IL 62639

Title: VP
Name: BARWICK, STEVE
Address: 1701 TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61701

Title: VP
Name: BOSTROM, BRENT D
Address: 1701 TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61701

Title: VP
Name: ANDERSON, DAVIS
Address: 1701 TOWANDA AVENUE
City-St-Zip: BLOOMINGTON, IL 61701

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: MARSHALL P BOHBRINK TRVP 04/04/2011

Electronic Signature of Signing Officer or Director — Date