



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F06000006172</b> 1. Entity Name PEOPLES INSURANCE AGENCY, INC.	
------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 138 PUTNAM STREET MARIETTA, OH 45750	Mailing Address P.O. BOX 738 MARIETTA, OH 45750
------------------------------------------------------------------------	-------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1398962	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
--------------------------------------------------------------------------------------------------------------------------------------

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000589256 01/18/07-80009-006 158.75
-------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	--------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHAFFIN, THOMAS G 1557 WINCHESTER AVE ASHLAND, KY 41101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHIPPS, THOMAS C 1557 WINCHESTER AVE ASHLAND, KY 41101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADLEY, MARK F 138 PUTNAM STREET MARIETTA, OH 45750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNSAKER, CHARLES R 138 PUTNAM STREET MARIETTA, OH 45750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANDERS, DONALD J JR 138 PUTNAM STREET MARIETTA, OH 45750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **THOMAS G. CHAFFIN** **JAN. 11, 2007** **606-920-4477**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #