2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2009
Secretary of State

DOCUMENT# F06000006172

Entity Name: PEOPLES INSURANCE AGENCY, INC.

Current Principal Place of Business:

138 PUTNAM STREET
MARIETTA, OH 45750

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 738
MARIETTA, OH 45750

New Mailing Address:

416 HART ST
MARIETTA, OH 45750

FEI Number: 31-1398962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: CHAFFIN, THOMAS G
Address: 1557 WINCHESTER AVE
City-St-Zip: ASHLAND, KY 41101

Title: D ( ) Delete
Name: PHIPPS, THOMAS C
Address: 1557 WINCHESTER AVE
City-St-Zip: ASHLAND, KY 41101

Title: P ( ) Delete
Name: BRADLEY, MARK F
Address: 138 PUTNAM STREET
City-St-Zip: MARIETTA, OH 45750

Title: S ( ) Delete
Name: MEARS, RHONDA L
Address: 138 PUTNAM STREET
City-St-Zip: MARIETTA, OH 45750

Title: T ( ) Delete
Name: SCHEENBERGER, CAROL A
Address: 138 PUTNAM STREET
City-St-Zip: MARIETTA, OH 45750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: WESEL, DAVID T
Address: 138 PUTNAM STREET
City-St-Zip: MARIETTA, OH 45750

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: SLOANE, EDWARD G JR
Address: 138 PUTNAM STREET
City-St-Zip: MARIETTA, OH 45750

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: LAURA V COVAULT AVP 05/31/2009

Electronic Signature of Signing Officer or Director Date