2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # F06000006199

1. Entity Name
INSURANCE FIRST OF COLUMBUS AGENCY, INC.

Principal Place of Business
555 SOUTH FRONT STREET
SUITE 400
COLUMBUS, OH 43215

Mailing Address
555 SOUTH FRONT STREET
SUITE 400
COLUMBUS, OH 43215

04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1261632
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

000000694894
04/17/07-80037-019 158.75

10. OFFICERS AND DIRECTORS

TITLE	CHRM
NAME	HENRY, DEAN L
STREET ADDRESS	555 SOUTH FRONT STREET, SUITE 400
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	VCHR
NAME	HENRY, DEAN L
STREET ADDRESS	555 SOUTH FRONT STREET, SUITE 400
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	PD
NAME	HENRY, DEAN L
STREET ADDRESS	555 SOUTH FRONT STREET, SUITE 400
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	VSTD
NAME	HENRY, GEORGE L
STREET ADDRESS	555 SOUTH FRONT STREET, SUITE 400
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	VD
NAME	BINGHAM, JEFF A
STREET ADDRESS	555 SOUTH FRONT STREET, SUITE 400
CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/6/07 (614)224-9207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #