2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# F07000005244

Entity Name: TAS INSURANCE GROUP, INC.

Current Principal Place of Business:

216 NE CHIPMAN ROAD
LEE'S SUMMIT, MO 64063

New Principal Place of Business:

Current Mailing Address:

216 NE CHIPMAN ROAD
LEE'S SUMMIT, MO 64063

New Mailing Address:

FEI Number: 43-1807622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: C ( ) Delete
Name: PLANKINTON, BRUCE
Address: 14926 HIGHWAY 9
City-St-Zip: BRECKENRIDGE, CO 80424

Title: PTD ( ) Delete
Name: DEORIO, TAD
Address: 5629 NE NORTHGATE CROSSING
City-St-Zip: LEE'S SUMMIT, MO 64064

Title: VPSD ( ) Delete
Name: WEAR, CHARLES
Address: 12423 BANYAN ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: WEAR, CHARLIE
Address: 12423 BANYAN ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

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

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

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 G. DEORIO MR. 04/29/2008

Electronic Signature of Signing Officer or Director — Date