

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 15, 2011
Secretary of State

Entity Name: CETERA INSURANCE AGENCY, INC.

Current Principal Place of Business:

200 N. SEPULVEDA BLVD.
EL SEGUNDO, CA 90245

New Principal Place of Business:

Current Mailing Address:

400 1ST STREET SOUTH
SUITE 300
ST. CLOUD, MN 56301

New Mailing Address:

FEI Number: 84-1490645 **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

OFFICERS AND DIRECTORS:

Title: P/D
Name: MCCOOL, LEANN R
Address: 400 1ST STREET SOUTH, SUITE 300
City-St-Zip: ST. CLOUD, MN 56301

Title: S/D
Name: SMILEY, STANLEY R
Address: 200 N SEPULVEDA BLVD
City-St-Zip: EL SEGUNDO, CA 90245

Title: T
Name: SHELSON, MARK P
Address: 400 1ST STREET SOUTH, SUITE 300
City-St-Zip: ST. CLOUD, MN 56301

Title: AS
Name: OLSON, GREG A
Address: 400 1ST STREE SOUTH, SUITE 300
City-St-Zip: ST. CLOUD, MN 56301

Title: VP
Name: TAYLOR, THOMAS B
Address: 200 N SEPULVEDA BLVD
City-St-Zip: EL SEGUNDO, CA 90245

Title: CFO
Name: FROJEN, JON C
Address: 200 N SEPULVEDA BLVD
City-St-Zip: EL SEGUNDO, CA 90245

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: GREG A. OLSON

AS

04/15/2011

Electronic Signature of Signing Officer or Director

Date