2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2010
Secretary of State

DOCUMENT# F08000002272

Entity Name: ETHOS INSURANCE AGENCY, INC.

Current Principal Place of Business:

5215 N O'CONNOR BLVD STE 1200
IRVING, TX 75039

New Principal Place of Business:

Current Mailing Address:

5215 N O'CONNOR BLVD STE 1200
IRVING, TX 75039

New Mailing Address:

FEI Number: 17-5269946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: CEOP
Name: TEREK, DAVID M
Address: 5215 N O'CONNOR BLVD STE 1200
City-St-Zip: IRVING, TX 75039

Title: CFOT
Name: LUKASH, JEFFREY J
Address: 5215 N O'CONNOR BLVD STE 1200
City-St-Zip: IRVING, TX 75039

Title: VP
Name: WACHOLTZ, JOHN E
Address: 5215 N O'CONNOR BLVD STE 1200
City-St-Zip: IRVING, TX 75039

Title: GCS
Name: SNYDER, DAVID B
Address: 5215 N O'CONNOR BLVD STE 1200
City-St-Zip: IRVING, TX 75039

Title: D
Name: TEREK, DAVID M
Address: 5215 N O'CONNOR BLVD STE 1200
City-St-Zip: IRVING, TX 75039

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: DAVID B. SNYDER GCS 01/15/2010

Electronic Signature of Signing Officer or Director Date