

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003393

Entity Name: AMEGY INSURANCE AGENCY, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

3328 SCHOOL STREET
NEEDVILLE, TX 77461

New Principal Place of Business:

Current Mailing Address:

PO BOX 27459
HOUSTON, TX 77227

New Mailing Address:

FEI Number: 76-0689564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MOORE, PRESTON III
Address: 4400 POST OAK PARKWAY
City-St-Zip: HOUSTON, TX 77027

Title: VC () Delete
Name: SNIDER, JOHN T
Address: 4400 POST OAK PARKWAY
City-St-Zip: HOUSTON, TX 77027

Title: D () Delete
Name: FREIDMAN, MARK
Address: 4400 POST OAK PARKWAY
City-St-Zip: HOUSTON, TX 77027

Title: P () Delete
Name: JONES, SUZETTE W
Address: 4400 POST OAK PARKWAY
City-St-Zip: HOUSTON, TX 77027

Title: S () Delete
Name: PRESS, TOM
Address: 4400 POST OAK PARKWAY
City-St-Zip: HOUSTON, TX 77027

Title: T () Delete
Name: OUYANG, JANE J
Address: 4400 POST OAK PARKWAY
City-St-Zip: HOUSTON, TX 77027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ROSALIE J. PAUL

CCO

03/23/2009

Electronic Signature of Signing Officer or Director

Date