2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2012
Secretary of State

DOCUMENT# F10000002458

Entity Name: ARMED FORCES INSURANCE AGENCY, INC.

Current Principal Place of Business:

550 EISENHOWER ROAD
LEAVENWORTH, KS 66048

New Principal Place of Business:

Current Mailing Address:

550 EISENHOWER ROAD
LEAVENWORTH, KS 66048

New Mailing Address:

FEI Number: 48-1218670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ.
1267 BERKSHIRE LANE
SUITE 200
TARPON SPRINGS, FL 34688 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: SD
Name: SIMMONS, LORI L
Address: 21102 MEAGHER DRIVE
City-St-Zip: EASTON, KS 66020

Title: PD
Name: NIXON, MIKE T
Address: 828 S. VALLEY DRIVE
City-St-Zip: LANSING, KS 66043

Title: TD
Name: BRIGGS, ARLEN L
Address: 25562 183RD STREET
City-St-Zip: LEAVENWORTH, KS 66048

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: ARLEN L BRIGGS TD 03/05/2012

Electronic Signature of Signing Officer or Director — Date