FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90082 044 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004466

1. Entity Name
SECOND INSURANCE AGENCY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
307 W 7TH STREET	300 ST. PAUL PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc. BSP10D
City & State FORT WORTH, TX	City & State BALTIMORE, MD
Zip 76113 / Country	Zip 21202 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-0859676 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

City: PLANTATION FL Zip Code: 33324

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when originating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1, Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	RICHARD C. AGNELLO	307 W 7TH STREET	FORT WORTH, TX 76113
D	DAVID R. NEAVES	307 W 7TH STREET	FORT WORTH, TX 76113
P	PETER B. DAHLBERG	307 W 7TH STREET	FORT WORTH, TX 76113
S	JOHN D. HATCH	307 W 7TH STREET	FORT WORTH, TX 76113
T	PAULA D. LARKIN	307 W 7TH STREET	FORT WORTH, TX 76113
AS	JOHN I. JONES	300 ST. PAUL PLACE	BALTIMORE, MD 21202

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an addition, if with all other like empowered.

SIGNATURE: _____ JOHN I. JONES 4/30/02 410-332-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)