


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90087 024 ***150.00

| | |
|--|---|
| DOCUMENT # F94000004466 1. Entity Name SECOND INSURANCE AGENCY, INC. |  |
|--|---|

| | |
|--|---|
| Principal Place of Business 3001 MEACHAM BLVD. SUITE 200 FORT WORTH, TX 76137 US | Mailing Address 300 ST PAUL PLACE BSP10D BALTIMORE, MD 21202 US |
|--|---|

94029477



03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 61-0859676 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

| |
|---|
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 |
|---|

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD AGNELLO, RICHARD C 3001 MEACHAM BLVD., SUITE 200 FORT WORTH, TX 76137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NEAVES, DAVID R 3001 MEACHAM BLVD., SUITE 200 FORT WORTH, TX 76137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAHLBERG, PETER B 3001 MEACHAM BLVD., SUITE 200 FORT WORTH, TX 76137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HATCH, JOHN D 3001 MEACHAM BLVD., SUITE 200 FORT WORTH, TX 76137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LARKIN, PAULA D 3001 MEACHAM BLVD., SUITE 200 FORT WORTH, TX 76137 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS JONES, JOHN I 300 ST PAUL PLACE BALTIMORE, MD 21202 |

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John I Jones, Assistant Sec (410) 332-3000
Date *3/13/04* Daytime Phone #