

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90082 043 \*\*\*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**

**50031558**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
*300 St. Paul Place*  
Suite, Apt. #, etc.  
*BSP10D - Legal Dept*  
City & State  
*BALTIMORE, MD*  
Zip Country  
*21202*

03142005 Chg-P CR2E034 (10/03)

4. FEI Number  
**61-0859676**

5. Certificate of Status Desired ☐ **\$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**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | PD                            | <input type="checkbox"/> Delete            |
| NAME           | AGNELLO, RICHARD C            |  |
| STREET ADDRESS | 3001 MEACHAM BLVD., SUITE 200 |  |
| CITY-ST-ZIP    | FORT WORTH, TX 76137          |  |
| TITLE          | D                             | <input checked="" type="checkbox"/> Delete |
| NAME           | NEAVES, DAVID R               |  |
| STREET ADDRESS | 3001 MEACHAM BLVD., SUITE 200 |  |
| CITY-ST-ZIP    | FORT WORTH, TX 76137          |  |
| TITLE          | D                             | <input checked="" type="checkbox"/> Delete |
| NAME           | DAHLBERG, PETER B             |  |
| STREET ADDRESS | 3001 MEACHAM BLVD., SUITE 200 |  |
| CITY-ST-ZIP    | FORT WORTH, TX 76137          |  |
| TITLE          | S                             | <input checked="" type="checkbox"/> Delete |
| NAME           | HATCH, JOHN D                 |  |
| STREET ADDRESS | 3001 MEACHAM BLVD., SUITE 200 |  |
| CITY-ST-ZIP    | FORT WORTH, TX 76137          |  |
| TITLE          | T                             | <input type="checkbox"/> Delete            |
| NAME           | LARKIN, PAULA D               |  |
| STREET ADDRESS | 3001 MEACHAM BLVD., SUITE 200 |  |
| CITY-ST-ZIP    | FORT WORTH, TX 76137          |  |
| TITLE          | AS                            | <input checked="" type="checkbox"/> Delete |
| NAME           | JONES, JOHN I                 |  |
| STREET ADDRESS | 300 ST PAUL PLACE             |  |
| CITY-ST-ZIP    | BALTIMORE, MD 21202           |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |  |
|----------------|---------------------|--|
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          | DIRECTOR            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | DAVID E. DAVID      |  |
| STREET ADDRESS | 3001 MEACHAM BLVD   |  |
| CITY-ST-ZIP    | FT. WORTH, TX 76137 |  |
| TITLE          | DIRECTOR            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | DARRELL J. GAMBINO  |  |
| STREET ADDRESS | 3001 MEACHAM BLVD   |  |
| CITY-ST-ZIP    | FT. WORTH, TX 76137 |  |
| TITLE          | SECRETARY           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | GREGG H. LEHMAN     |  |
| STREET ADDRESS | 3001 MEACHAM BLVD   |  |
| CITY-ST-ZIP    | FT. WORTH, TX 76137 |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          | ASST SECRETARY      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | TERESA M. BAER      |  |
| STREET ADDRESS | 300 ST PAUL PLACE   |  |
| CITY-ST-ZIP    | BALTIMORE, MD 21202 |  |

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]* **TERESA M. BAER** 3/22/05 410-332-3067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #