

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90095 015 \*\*\*150.00

DOCUMENT # F96000001601

1. Corporation Name  
T. ROWE PRICE INSURANCE AGENCY, INC.

Principal Place of Business  
100 EAST PRATT ROAD  
BALTIMORE MD 21202-1009

Mailing Address  
100 EAST PRATT ROAD  
BALTIMORE MD 21202-1009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1996

4. FEI Number

52-1880540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME REIPE, JAMES S  
STREET ADDRESS 14921 TANYARD ROAD  
CITY-ST-ZIP SPARKS MD

TITLE V ☐ DELETE  
NAME HEALY, DAVID J  
STREET ADDRESS 711 SOUTH SHARP STREET  
CITY-ST-ZIP BALTIMORE MD 21230

TITLE ST ☐ DELETE  
NAME YOUNGER, ALVIN M JR  
STREET ADDRESS 4 BROOKSTONE COURT  
CITY-ST-ZIP LUTHERVILLE MD 21903

TITLE D ☐ DELETE  
NAME HOPKINS, HENRY  
STREET ADDRESS 1008 WINDING WAY  
CITY-ST-ZIP BALTIMORE MD 21210

TITLE D ☐ DELETE  
NAME BERNARD, EDWARD C  
STREET ADDRESS 7712 RUXWOOD  
CITY-ST-ZIP BALTIMORE MD

TITLE C ☐ DELETE  
NAME WILLS, CHRISTOPHER R  
STREET ADDRESS 2359 NORTH CLIFF DRIVE  
CITY-ST-ZIP JARRETTSVILLE MD 21084

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

SIGNATURE REQUIRED Christopher Wills

3-30-99  
Date

410-345-2000  
Daytime Phone #

CR2E034 (1/98)