FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90082 045 ***150.00

DOCUMENT # F96000002244

1. Entity Name
FIRST 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: 61-0602178 ☐ 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when reinstating)

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	P D	TITLE	
NAME	RICHARD C. AGNELLO	NAME	
STREET ADDRESS	307 W 7TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH, TX 76113	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	DAVID R. NEAVES	NAME	
STREET ADDRESS	307 W 7TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH, TX 76113	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	PETER B. DAHLBERG	NAME	
STREET ADDRESS	307 W 7TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH, TX 76113	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	S	TITLE	**IN THIS SPACE**
NAME	JOHN D. HATCH	NAME	
STREET ADDRESS	307 W 7TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH, TX 76113	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	PAULA D. LARKIN	NAME	
STREET ADDRESS	307 W 7TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH, TX 76113	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	JOHN I. JONES	NAME	
STREET ADDRESS	300 ST PAUL PLACE	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE, MD 21202	CITY-ST-ZIP	

CR2E034B (12/01)

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 address, 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 #