


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90056 028 ***150.00

DOCUMENT # F96000002244	
1. Entity Name FIRST INSURANCE AGENCY, INC.	

Principal Place of Business 307 W 7TH STREET FORT WORTH, TX 76113	Mailing Address 300 ST PAUL PLACE BSPD10D BALTIMORE, MD 21202
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50032723



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03142005 Chg-P CR2E034 (10/03)

4. FEI Number 61-0602178	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGNELLO, RICHARD C 307 W 7TH STREET FORT WORTH, TX 76113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAVES, DAVID R 307 W 7TH STREET FORT WORTH, TX 76113 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>DIRECTOR PATRICIA E. DAYID 3001 MEACHAM BLVD FT WORTH, TX 76137</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAHLBERG, PETER B 307 W 7TH STREET FORT WORTH, TX 76113 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>DIRECTOR DARRELL J. CAMBERG 3001 MEACHAM BLVD FT. WORTH, TX 76137</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HATCH, JOHN D 307 W 7TH STREET FORT WORTH, TX 76113 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>SECRETARY BREGG H. LEHMAN 3001 MEACHAM BLVD FT. WORTH, TX 76137</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARKIN, PAULA D 307 W 7TH STREET FORT WORTH, TX 76113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3001 MEACHAM BLVD FT. WORTH, TX 76131</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS JONES, JOHN I 300 ST. PAUL PLACE BALTIMORE, MD 21202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Asst SECRETARY TERESA M. BAER 300 ST. PAUL PLACE BALTIMORE, MD 21202</i>

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: <i>Teresa M. Baer</i>	TERESA M. BAER	3/25/05	410-332-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #