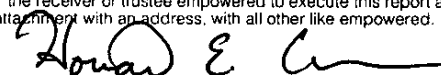


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90115 008 ***150.00

DOCUMENT # F96000004795 1. Entity Name KEYCORP INSURANCE AGENCY USA INC.					
Principal Place of Business 5001 OLYMPIC DRIVE N.W. GIG HARBOR, WA 98335			Mailing Address 127 PUBLIC SQUARE, 2ND FLOOR ATTN : L. MANDRYK CLEVELAND, OH 44114-1306		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 91-1726982	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLOONAN, WILLIAM P 127 PUBLIC SQUARE CLEVELAND, OH 441141306	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Howard E. Coburn 127 Public Square Cleveland, OH 44114-1306
TITLE NAME STREET ADDRESS CITY-ST-ZIP T SCHOSSE, DOUGLAS M 800 SUPERIOR AVE. CLEVELAND, OH 44114		<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 KOPINSKY, JACK L 127 PUBLIC SQUARE CLEVELAND, OH 441141306		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D Marc A. Vosen 127 Public Square Cleveland, OH 44114-1306	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD SHARPE, MICHAEL R 800 SUPERIOR AVE CLEVELAND, OH 44114		<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 V LEO, ARMANDO 745 ATLANTIC AVE BOSTON, MA 02111		<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 HEISLER, ROBERT BAUMAN JR. 127 PUBLIC SQUARE CLEVELAND, OH 44114		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D Charles R. Shaw 800 Superior Avenue Cleveland, OH 44114-1306	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Howard E. Coburn, Secretary, 1/9/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					