

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004795

FILED
Jan 22, 2009
Secretary of State

Entity Name: KEYCORP INSURANCE AGENCY USA INC.

Current Principal Place of Business:

5001 OLYMPIC DRIVE NW
GIG HARBOR, WA 98335

New Principal Place of Business:

Current Mailing Address:

ATTN: NICOLLE M. DUFFY
127 PUBLIC SQUARE
CLEVELAND, OH 44114

New Mailing Address:

FEI Number: 91-1726982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SHARPE, MICHAEL R
Address: 800 SUPERIOR AVENUE
City-St-Zip: CLEVELAND, OH 44114

Title: SEC () Delete
Name: WEICK, PAUL A
Address: 127 PUBLIC SQUARE
City-St-Zip: CLEVELAND, OH 44114

Title: TREA () Delete
Name: MARTIN, LAWRENCE
Address: 4900 TIEDEMAN ROAD
City-St-Zip: BROOKLYN, OH 44144

Title: DIR () Delete
Name: MAROUSEK, GARY
Address: 4900 TIEDEMAN ROAD
City-St-Zip: BROOKLYN, OH 44144

Title: DIR () Delete
Name: SHARPE, MICHAEL R
Address: 800 SUPERIOR AVENUE
City-St-Zip: CLEVELAND, OH 44114

Title: DIR () Delete
Name: VOSEN, MARC A
Address: 4900 TIEDEMAN ROAD
City-St-Zip: BROOKLYN, OH 44144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL A. WEICK

SEC

01/22/2009

Electronic Signature of Signing Officer or Director

Date