2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2012
Secretary of State

DOCUMENT# F98000004176

Entity Name: PRIMARY SOURCE INSURANCE AGENCY, INC.

Current Principal Place of Business:

121 EAST PARK SQUARE
OWATONNA, MN 55060

New Principal Place of Business:

Current Mailing Address:

121 EAST PARK SQUARE
OWATONNA, MN 55060

New Mailing Address:

FEI Number: 41-6041104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMIREZ, DANIEL T
4301 ANCHOR PLAZA PKWY., STE. 350
TAMPA, FL 33634 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

OFFICERS AND DIRECTORS:

Title: DV
Name: FETTERS, JEFFREY
Address: 1185 RIDGE ROAD NE
City-St-Zip: OWATONNA, MN 55060

Title: CP
Name: ANNEXSTAD, AL
Address: 5325 ELMRIDGE CIRCLE
City-St-Zip: EXCELSIOR, MN 55331

Title: SVD
Name: LEWIS, DANIEL A
Address: 11067 BRANCHING HORN
City-St-Zip: EDEN PRAIRIE, MN 55347

Title: TV
Name: KELLER, MICHAEL N
Address: 1745 DENMARK PLACE NE
City-St-Zip: OWATONNA, MN 55060

Title: V
Name: RAMSEY, DAVID W
Address: 550 CRESTVIEW LANE
City-St-Zip: OWATONNA, MN 55060

Title: DV
Name: HANSON, JONATHAN R
Address: 206 NORTHRIDGE PLACE NE
City-St-Zip: OWATONNA, MN 55060

I hereby 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 all other like empowered.

SIGNATURE: DAVID W RAMSEY V 03/12/2012

Electronic Signature of Signing Officer or Director — Date