

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002382

FILED  
Mar 22, 2012  
Secretary of State

**Entity Name:** FIFTH THIRD INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

38 FOUNTAIN SQUARE PLAZA  
CINCINNATI, OH 45202

**New Principal Place of Business:**

**Current Mailing Address:**

38 FOUNTAIN SQUARE PLAZA  
MD 10AT76  
CINCINNATI, OH 45202

**New Mailing Address:**

**FEI Number:** 31-1282942      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: PRES  
Name: HOWARD, HAMMOND  
Address: 38 FOUNTAIN SQUARE PLAZA  
City-St-Zip: CINCINNATI, OH 45263

Title: SEC  
Name: HOLMES, RICHARD W  
Address: 38 FOUNTAIN SQUARE PLAZA  
City-St-Zip: CINCINNATI, OH 45263

Title: TREA  
Name: DRAKE, JULIE  
Address: 38 FOUNTAIN SQUARE PLAZA  
City-St-Zip: CINCINNATI, OH 45263

Title: AVP  
Name: DAFT, JOSEPH  
Address: 38 FOUNTAIN SQUARE PLAZA  
City-St-Zip: CINCINNATI, OH 45263

Title: DIR  
Name: HOWARD, HAMMOND  
Address: 38 FOUNTAIN SQUARE PLAZA  
City-St-Zip: CINCINNATI, OH 45263

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: RICHARD HOLMES

SEC

03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date