

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006632

FILED
Apr 26, 2007
Secretary of State

Entity Name: ITRUST INSURANCE AGENCY, INC.

Current Principal Place of Business:

1345 S 52ND STREET
TEMPE, AZ 85284

New Principal Place of Business:

Current Mailing Address:

7 WEST SEVENTH ST.
CINCINNATI, OH 45202

New Mailing Address:

FEI Number: 86-0977216

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANSON, AMY
Address: 9111 DUKE BLVD
City-St-Zip: MASON, OH 45040

Title: VTCF () Delete
Name: BORBOLLA, CARLOS
Address: 1345 S. 52ND STREET
City-St-Zip: TEMPE, AZ 85284

Title: S () Delete
Name: CARIAPPA, PADMA T
Address: 7 WEST SEVENTH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: VP () Delete
Name: MAYS, BRADLEY R
Address: 7 WEST SEVENTH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: VPD () Delete
Name: BRODERICK, DENNIS J
Address: 7 WEST SEVENTH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: AS () Delete
Name: COX, JACK B
Address: 7 WEST SEVENTH STREET
City-St-Zip: CINCINNATI, OH 45202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GATIO, MICHAEL J
Address: 9111 DUKE BLVD
City-St-Zip: MASON, OH 45040

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

Title: S (X) Change () Addition
Name: BALICKI, LINDA J
Address: 611 OLIVE STREET
City-St-Zip: ST. LOUIS, MO 63101

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

Title: () Change () Addition
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 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: JACK B. COX

AS

04/26/2007

Electronic Signature of Signing Officer or Director

Date