

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002709

FILED
Jan 15, 2008
Secretary of State

Entity Name: H.D. VEST INSURANCE AGENCY, LLC

Current Principal Place of Business:

6333 N. STATE HIGHWAY 161, MAC# T5340-040
IRVING, TX 75038

New Principal Place of Business:

Current Mailing Address:

6333 N. STATE HIGHWAY 161, STE 400
ATTN: ACCOUNTING DEPARTMENT
IRVING, TX 75038

New Mailing Address:

PO BOX 140189
ATTN: ACCOUNTING DEPARTMENT
IRVING, TX 75014

FEI Number: 75-2787410

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OCHS, ROGER C
Address: 6333 N. STATE HIGHWAY 161
City-St-Zip: IRVING, TX 75038

Title: MGR () Delete
Name: KLEIN, JEFF J
Address: 6333 N. STATE HIGHWAY 161
City-St-Zip: IRVING, TX 75038

Title: MGR () Delete
Name: HEIFETZ, NEAL E
Address: 6333 N. STATE HIGHWAY 161
City-St-Zip: IRVING, TX 75038

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

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

Title: T () Change (X) Addition
Name: JOEL, BENNETT V
Address: 6333 N. STATE HIGHWAY 161
City-St-Zip: IRVING, TX 75038

Title: SVP () Change (X) Addition
Name: MISURA, ELIZABETH
Address: 600 HIGHWAY 169 S
City-St-Zip: ST LOUIS PARK, MN 55426

Title: VP () Change (X) Addition
Name: HUNDLEY, SHARON K
Address: 600 HIGHWAY 169 S
City-St-Zip: ST LOUIS PARK, MN 55426

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOEL BENNETT

T

01/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date