

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002709

FILED
Apr 13, 2011
Secretary of State

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

Current Principal Place of Business:

6333 N. STATE HIGHWAY 161 SUITE 400
IRVING, TX 75038

New Principal Place of Business:

Current Mailing Address:

PO BOX 140189
ATTN: ACCOUNTING DEPARTMENT
IRVING, TX 750140189

New Mailing Address:

PO BOX 140189
ATTN: ACCOUNTING DEPARTMENT
IRVING, TX 750140189 US

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
Name: OCHS, ROGER C
Address: 6333 N. STATE HIGHWAY 161
City-St-Zip: IRVING, TX 75038 US

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

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

Title: TRSR
Name: BENNETT, JOEL V
Address: 6333 N. STATE HIGHWAY 161
City-St-Zip: IRVING, TX 75038 US

Title: SVP
Name: MISURA, ELIZABETH
Address: 600 HIGHWAY 169 S
City-St-Zip: SAINT LOUIS PARK, MN 55426 US

Title: VP
Name: HUNDLEY, SHARON K
Address: 600 HIGHWAY 169 S
City-St-Zip: SAINT LOUIS PARK, MN 55426 US

I hereby 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: NEAL HEIFETZ

MGR

04/13/2011

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