2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# M07000006394

Entity Name: IFS AGENCY, LLC

Current Principal Place of Business:

14010 FNB PARKWAY, SUITE 400
OMAHA, NE 68154

New Principal Place of Business:

Current Mailing Address:

14010 FNB PARKWAY, SUITE 400
OMAHA, NE 68154

New Mailing Address:

FEI Number: 20-8186657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	PRES	( ) Delete
Name:	FLEURY, ROGER A	
Address:	14010 FNB PARKWAY, STE 400	
City-St-Zip:	OMAHA, NE 68154	
Title:	VP	( ) Delete
Name:	MCALLISTER, GREGORY C	
Address:	14010 FNB PARKWAY, STE 400	
City-St-Zip:	OMAHA, NE 68154	
Title:	VP	( ) Delete
Name:	FOCHT, JEFFREY E	
Address:	14010 FNB PARKWAY, STE 400	
City-St-Zip:	OMAHA, NE 68154	
Title:	VP	( ) Delete
Name:	BARTON, RAYMOND L	
Address:	14010 FNB PARKWAY, STE 400	
City-St-Zip:	OMAHA, NE 68154	

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

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: GREGORY C. MCALLISTER VP 01/16/2009

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