

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000005022

FILED
Jan 05, 2011
Secretary of State

Entity Name: PEOPLES INSURANCE AGENCY, LLC

Current Principal Place of Business:

138 PUTNAM STREET
MARIETTA, OH 45750

New Principal Place of Business:

Current Mailing Address:

138 PUTNAM STREET
MARIETTA, OH 45750

New Mailing Address:

138 PUTNAM STREET
P.O. BOX 738
MARIETTA, OH 45750

FEI Number: 31-1398962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: MGR
Name: COVAULT, LAURA V
Address: 416 HART ST.
City-St-Zip: MARIETTA, OH 45750

Title: MGR
Name: MEARS, RHONDA L
Address: 138 PUTNAM STREET
City-St-Zip: MARIETTA, OH 45750

Title: MGR
Name: SCHNEEBERGER, CAROL A
Address: 138 PUTNAM STREET
City-St-Zip: MARIETTA, OH 45750

Title: MGR
Name: SLOANE, EDWARD G JR.
Address: 138 PUTNAM STREET
City-St-Zip: MARIETTA, OH 45750

Title: MGR
Name: CHAFFIN, THOMAS G
Address: 1557 WINCHESTER AVE.
City-St-Zip: ASHLAND, KY 41101

Title: MGR
Name: BARENGO, RANDALL T
Address: 416 HART STREET
City-St-Zip: MARIETTA, OH 45750

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: LAURA V. COVAULT

VP

01/05/2011

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