

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000002318

**Entity Name:** KIELY, HINES & ASSOCIATES INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6100 DUTCHMANS LANE, 10TH FLOOR  
LOUISVILLE, KY 40205

**Current Mailing Address:**

P.O. BOX 7669  
LOUISVILLE, KY 40257-0669

**FEI Number:** 61-0947056

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title PCEO  
Name TRABUE, ELLEN K  
Address 6100 DUTCHMANS LANE, 10TH FLOOR  
City-State-Zip: LOUISVILLE KY 40205

Title EV  
Name BOHN, JAMES A  
Address 6100 DUTCHMANS LANE, 10TH FLOOR  
City-State-Zip: LOUISVILLE KY 40205

Title EV  
Name BROWN, JAMES E  
Address 6100 DUTCHMANS LANE, 10TH FLOOR  
City-State-Zip: LOUISVILLE KY 40205

Title VST  
Name BOHN, JAMES A  
Address 6100 DUTCHMANS LANE, 10TH FLOOR  
City-State-Zip: LOUISVILLE KY 40205

*I hereby 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 all other like empowered.*

**SIGNATURE:** ELLEN TRABUE

**PRESIDENT**

**04/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date