

2015 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

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date