

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004603

**FILED**  
**Jan 22, 2015**  
**Secretary of State**  
**CC5545742891**

**Entity Name:** HANFORD INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

119 S. STATE ST.  
GENESEO, IL 61254-1347

**Current Mailing Address:**

119 S. STATE ST.  
GENESEO, IL 61254-1347

**FEI Number:** 36-6128709

**Certificate of Status Desired:** No

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

HELM, RALPH EJR  
2523 BELLEVILLE CT.  
CAP CORAL, FL 33991 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 P  
Name MICKLEY, JOE L  
Address 24903 IL. HIGHWAY 82  
City-State-Zip: GENESEO IL 61254-1347

Title VP  
Name TOONE, BRAD A  
Address 909 S ILLINOIS STREET  
City-State-Zip: GENESEO IL 61254

Title SECRETARY  
Name MICKLEY, JAMES V  
Address 24903 IL HWY 82  
City-State-Zip: GENESEO IL 61254

*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:** BRAD TOONE

VP

01/22/2015

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

\_\_\_\_\_  
Date