State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
157608	H. D. Vest Insurance Agency, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
TEXAS	Insurance Sales

5. Principal office address	City	State	Zip
6333 N. State Hwy 161 4th Floor	Irving	TX	75038

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Chris Rodl	Accounting Manager

Street Address	City	State	Zip
6333 N. State Hwy 161 4th Floor	Irving	TX	75038

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Roger C. Ochs	6333 N. State Hwy 161 4th Floor	Irving	TX	75038
Jeff Klein	6333 N. State Hwy 161 4th Floor	Irving	TX	75038
Neal Heifetz	6333 N. State Hwy 161 4th Floor	Irving	TX	75038

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CORPORATION SERVICE COMPANY		WARWICK	02888-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Neal Heifetz 10/5/07
Signature - Authorized Person *Date*

[redacted]

Neal Heifetz
Print or Type Name of Authorized Person

File Date FILED
Check No. OCT 15 2007
By: By 8427784
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07