



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000149600		2. Exact name of the Corporation CAL FED INSURANCE AGENCY, INC			
3. Principal office address 1000 Technology Dr.			City O'Fallon	State MO	Zip 63368
4. Business Phone No. 813-604-8115			5. State of Incorporation CA		
6. Brief description of the character of business conducted in Rhode Island Insurance agency					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Carolyn S. McCormick			Vice-President Name Lisa A. Hoffman		
Street Address 3001 Meacham Blvd.			Street Address 3800 Citigroup Center Drive		
City Fort Worth	State TX	Zip 76137	City Tampa	State FL	Zip 33610
Secretary Name Jeffery L. Boyher			Treasurer Name Jeffery L. Boyher		
Street Address 1000 Technology Dr.			Street Address 1000 Technology Dr.		
City O'Fallon	State MO	Zip 63368	City O'Fallon	State MO	Zip 63368
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Herbert C. Gover			Director Name Ralph O. Collins, III		
Street Address 4000 Regent Blvd.			Street Address 1000 Technology Dr.		
City Irving	State TX	Zip 75063	City O'Fallon	State MO	Zip 63368
Director Name Annette Desaulniers			Director Name NONE		
Street Address 1000 Technology Dr.			Street Address		
City O'Fallon	State MO	Zip 63368	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	Common	0.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No _____
 By _____
FOR SECRETARY OF STATE USE ONLY

FILED

JAN 24 2013

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.

[Signature] **1.22.13**
 Signature of Authorized Representative Date

Lisa A. Hoffman
 Print or Type Name of Authorized Representative

By *[Signature]*
CR # 5113434222