



Alison Lundergan Grimes
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
<http://www.sos.ky.gov>

2017 Annual Report
Due June 30, 2017

ARP

Exact organization name and principal office address

REGIONS AGENCY, INC.
8 COMMERCE STREET
MEZZANINE
MONTGOMERY AL 36104

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at app.sos.ky.gov/ftsearch or forms can be downloaded from our website.

Registered Agent and Registered Office Address

Corporation Service Company
421 WEST MAIN STREET
FRANKFORT, KY 40601

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

Secretary	WILLIAM STEPHEN GARDNER	
Treasurer	JOHN EWING BENNETT	
Vice President	DUANE SMITH	

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If not specified, director addresses default to the principal office address.

WILLIAM STEPHEN GARDNER	
JOHN EWING BENNETT	

Please indicate the county in which your business operates:
County: _____

To complete the following, please shade the box completely.

Please indicate the size of your business: <input type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran-Owned <input type="checkbox"/> Minority-Owned
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Please indicate which of the following best describes your business:

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Mining	<input type="checkbox"/> Services	<input type="checkbox"/> Construction
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance, Insurance, Real Estate
<input type="checkbox"/> Public Administration	<input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services		
<input type="checkbox"/> Other			

X _____
 Signature of officer or chairman of the board (Required) Title (Required) Date (Required)

TO AVOID HAVING TO REQUALIFY, SAVE TIME, FILE ONLINE: <http://app.sos.ky.gov/arp/0595145> OR sign and return to the Office with the required \$15.00 filing fee no later than June 30, 2017

To file via mail:

- Confirm the information is correct.
- Make changes by writing on this annual report, or by submitting an attachment with the signed report.
- The signed annual report, any attachments and filing fee (payable to the Kentucky State Treasurer) **must be received in the Office by June 30, 2017**
- If filing online, do not return this annual report or submit payment.



ALISON LUNDERGAN GRIMES
SECRETARY OF STATE
P.O. Box 1150
Frankfort, Kentucky 40602-1150
DATED MATERIAL ENCLOSED

Handwritten signature

FIRST-CLASS MAIL
PRESORTED
U.S. POSTAGE PAID
FRANKFORT, KY
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UNABLE TO FORWARD

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