

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000003013

1. Entity Name
 DRIVER ALLIANT INSURANCE SERVICES, INC.



Principal Place of Business Mailing Address

1620 FIFTH AVE. 1620 FIFTH AVE.
 SAN DIEGO, CA 92101-2797 SAN DIEGO, CA 92101-2797

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 33-0785439 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 526 E. PARK AVE.
 TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	CORBETT, THOMAS W
STREET ADDRESS	1620 FIFTH AVE.
CITY-ST-ZIP	SAN DIEGO, CA 921012797
TITLE	VC
NAME	ADDEO, JOHN
STREET ADDRESS	6 SUBURBAN AVE.
CITY-ST-ZIP	STAMFORD, CT 06901
TITLE	DP
NAME	HALL, JEROLD D
STREET ADDRESS	1620 FIFTH AVE.
CITY-ST-ZIP	SAN DIEGO, CA 921012797
TITLE	D
NAME	ORZECH, PAUL
STREET ADDRESS	6 SUBURBAN AVE.
CITY-ST-ZIP	STAMFORD, CT 06901
TITLE	ASVP
NAME	CALABRESE, ANDRES
STREET ADDRESS	1620 FIFTH AVE.
CITY-ST-ZIP	SAN DIEGO, CA 921012797
TITLE	S
NAME	IACONO, JOHN
STREET ADDRESS	6 SUBURBAN AVE.
CITY-ST-ZIP	STAMFORD, CT 06901

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100000117794
 04/19/04-80034-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Iacono* Date: 4-17-04 Day/Time Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR