2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 21, 2009
Secretary of State

DOCUMENT# F04000004326

Entity Name: COMERICA INSURANCE SERVICES, INC.

Current Principal Place of Business:

201 W FORT STREET
3RD FL
DETROIT, MI 48226

New Principal Place of Business:

Current Mailing Address:

C/O RACHEL J MERRICK
1717 MAIN STREET, 4TH FLOOR, MC 6506
DALLAS, TX 75201

New Mailing Address:

FEI Number: 38-3063147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	ROGERS, ROSS	
Address:	201 W FORT STREET 3RD FL	
City-St-Zip:	DETROIT, MI 48226	
Title:	DAS	( ) Delete
Name:	GERSCH, NICOLE V	
Address:	1717 MAIN STREET, 4TH FLOOR, MC 6506	
City-St-Zip:	DALLAS, TX 75201	
Title:	T	( ) Delete
Name:	MALDEGEN, MICHAEL J	
Address:	201 W. FORT STREET, 3RD FLOOR	
City-St-Zip:	DETROIT, MI 48226	
Title:	SVPS	( ) Delete
Name:	WALKER, LISA A	
Address:	201 W. FORT STREET, 3RD FLOOR	
City-St-Zip:	DETROIT, MI 48226	
Title:	SVP	( ) Delete
Name:	PIERRO, RALPH	
Address:	201 W. FORT STREET, 3RD FLOOR	
City-St-Zip:	DETROIT, MI 48226	
Title:	AS	( ) Delete
Name:	SCHAEFER, THAD A	
Address:	1717 MAIN STREET, 4TH FLOOR, MC 6506	
City-St-Zip:	DALLAS, TX 75201	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SVP	(X) Change ( ) Addition
Name:	KUCHOLTZ, BRYAN P	
Address:	201 W. FORT STREET, 3RD FLOOR	
City-St-Zip:	DETROIT, MI 48226	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THAD A. SCHAEFER AS 10/21/2009

Electronic Signature of Signing Officer or Director — Date