

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90183 003 \*\*\*150.00

**DOCUMENT # F99000006080**

1. Entity Name  
**NATIONAL INSURANCE SERVICES OF WISCONSIN, INC.**



Principal Place of Business  
**250 SOUTH EXECUTIVE DR.  
300  
BROOKFIELD, WI 53005-4273**

Mailing Address  
**250 SOUTH EXECUTIVE DR.  
300  
BROOKFIELD, WI 53005-4273**

**40002121**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 300**

City & State

Suite, Apt. #, etc.

**SUITE 300**

City & State

01082007 Chg-P CR2E034 (12/06)

4. FEI Number  
**39-1258067**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007; 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** ☐ Delete  
NAME **BRISCOE, TERRY**  
STREET ADDRESS **7165 SOUTH WOELFEL RD.**  
CITY- ST- ZIP **FRANKLIN, WI 53132**

TITLE **DP** ☐ Delete  
NAME **MILLER, BRUCE**  
STREET ADDRESS **1335 MILWAUKEE ST**  
CITY- ST- ZIP **DELAFIELD, WI 53018**

TITLE **D** ☐ Delete  
NAME **EHR SAM, THOMAS**  
STREET ADDRESS **W325 N7212 CLEARWATER COURT**  
CITY- ST- ZIP **HARTLAND, WI 53029**

TITLE **DVS** ☐ Delete  
NAME **BRISCOE, SCOTT**  
STREET ADDRESS **14950 WEST SAN MATEO DRIVE**  
CITY- ST- ZIP **NEW BERLIN, WI 53151**

TITLE **DV** ☐ Delete  
NAME **EHR SAM, HENRY**  
STREET ADDRESS **250 SOUTH EXECUTIVE DR.**  
CITY- ST- ZIP **BROOKFIELD, WI 53005**

TITLE **DVT** ☐ Delete  
NAME **NORTON, DAVID**  
STREET ADDRESS **250 SOUTH EXECUTIVE DR.**  
CITY- ST- ZIP **BROOKFIELD, WI 530054273**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **250 S EXECUTIVE DR SUITE 300**  
CITY- ST- ZIP **BROOKFIELD WI 53005-4273**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **250 S EXECUTIVE DR SUITE 300**  
CITY- ST- ZIP **BROOKFIELD WI 53005-4273**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **250 S EXECUTIVE DR SUITE 300**  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SCOTT BRISCOE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-11-07**  
Date

**(262) 780-1209**  
Daytime Phone #

# ATTACHMENT

40002121  
# F99000006080

## 10. Officers and Directors-----Continued

Title: DV  
Name: Stephanie Laudon  
Street Address: 250 S Executive Dr Suite 300  
City-ST-Zip: Brookfield WI 53005

Title: V  
Name: Frank Lauck  
Street Address: 250 S Executive Dr Suite 300  
City-ST-Zip: Brookfield WI 53005