


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90004 011 \*\*\*150.00

<b>DOCUMENT # F96000003215</b> 1. Entity Name <b>FINANCIAL INSURANCE SERVICES, INC.</b>					
Principal Place of Business <b>7277 WORLD COMMUNICATIONS DRIVE OMAHA, NE 68122</b>			Mailing Address <b>7277 WORLD COMMUNICATIONS DRIVE OMAHA, NE 68122 US</b>		
2. Principal Place of Business - No P.O. Box # <b>7277 World Communications Drive</b>		3. Mailing Address <b>7277 World Communications Drive</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Omaha, NE</b>		City & State <b>Omaha, NE</b>		4. FEI Number <b>47-0791671</b>	
Zip <b>68122</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT CAMENZIND, ROBERT 7277 WORLD COMMUNICATIONS DRIVE OMAHA, NE 68122</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP ROBERT CAMENZIND 7277 WORLD COMMUNICATIONS DRIVE OMAHA, NE 68122</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT RENO, RONALD 7277 WORLD COMMUNICATIONS DR OMAHA, NE 68122</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT CRAIG JANTZI 3102 WEST END AVENUE, SUITE 1000 NASHVILLE, TN 37203</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS BEAUFIT, TERESA A 7277 WORLD COMMUNICATION DRIVE OMAHA, NE 68122</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS TERRENCE LEVE 3102 WEST END AVENUE, SUITE 1000 NASHVILLE, TN 37203</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CLOYD, SHERYL A 7277 WORLD COMMUNICATION DRIVE OMAHA, NE 68122</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 if changed, or on an attachment with an address, with all other like empowered.					

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02212007 Chg-P CR2E034 (12/06)

3-5-07

(402) 963-6810