2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 190383

Entity Name: INSURANCE SERVICING & ADJUSTING COMPANY

FILED Sep 07, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
wallener illiotpart lave of masiliessi	men i imorpai i lace di Basiliess

1300 SAWGRASS CORPORATE PKWY

SUNRISE, FL 33323

New Mailing Address: Current Mailing Address:

PO BOX 459006

SUNRISE, FL 333459006 US

FEI Number: 59-0761377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCURDY, JOSEPH P PARACORP INCORPORATED 1300 SAWGRASS CORPORATE PKWY #301 236 EAST 6TH AVE

SUNRISE, FL 33323 TALLAHASSEE, FL 32303 US

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: DENISE ZOLLNER, ASST SEC. 09/07/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PRFS (X) Change () Addition

LANDIN, LYDIA Name: Name: LODEN, WILLIAM B 1300 SAWGRASS COR. PKWY #301 1300 SAWGRASS CORP. PKWY # 301 Address: Address:

City-St-Zip: SUNRISE, FL 33323 City-St-Zip: SUNRISE, FL 33323

Title: DP Title: (X) Change () Addition () Delete

Name: MCCURDY, JOSEPH P. Name: REITZE, THOMAS J

1300 SAWGRASS COR. PKWY #301 2705 MEDIA CENTER DRIVE Address: Address: SUNRISE, FL 33323 LOS ANGELES, CA 90065 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete SEC

WILLIAMS, TOM OHL, CHARLES N Name: Name: 1300 SAWGRASS COR. PKWY #301 2705 MEDIA CENTER DRIVE Address: Address:

City-St-Zip: SUNRISE, FL 33323 City-St-Zip: LOS ANGELES, CA 90065

Title: () Delete Title: VΡ () Change (X) Addition

BUCHELE, KLAUS Name: Name: Address:

2705 MEDIA CENTER DRIVE Address: City-St-Zip: City-St-Zip: LOS ANGELES, CA 90065

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES N. OHL SEC 09/07/2006