

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 636399

FILED  
Jan 26, 2006  
Secretary of State

Entity Name: INSURANCE CONSULTANTS & ANALYSTS, INC.

## Current Principal Place of Business:

2324 CENTERVILLE RD  
PO BOX 12909  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

3606 MACLAY BLVD SOUTH  
PO BOX 12909  
TALLAHASSEE, FL 32317

## Current Mailing Address:

4951 LAKE BROOK DRIVE  
SUITE 500  
GLEN ALLEN, VA 23060

## New Mailing Address:

FEI Number: 59-2439426      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HUNT, SCOTT P  
Address: 2324 CENTERVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL

Title: EP ( ) Delete  
Name: HUNT, JOHN E JR  
Address: 2324 CENTERVILLE RD  
City-St-Zip: TALLAHASSEE, FL

Title: T ( ) Delete  
Name: JILK, DAVID J  
Address: 2324 CENTERVILLE RD  
City-St-Zip: TALLAHASSEE, FL

Title: VP ( ) Delete  
Name: HUNT, RICHARD T  
Address: 2324 CENTERVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL

Title: VPD ( ) Delete  
Name: KORMAN, TIMOTHY J  
Address: 4951 LAKE BROOK DRIVE, SUITE 500  
City-St-Zip: GLEN ALLEN, VA 23060

Title: DS ( ) Delete  
Name: WALTER, WALTER L  
Address: 4951 LAKE BROOK DRIVE, SUITE 500  
City-St-Zip: GLEN ALLEN, VA 23060

## 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: SMITH, WALTER L  
Address: 4951 LAKE BROOK DRIVE, SUITE 500  
City-St-Zip: GLEN ALLEN, VA 23060

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: WALTER L SMITH

DS

01/26/2006

Electronic Signature of Signing Officer or Director

Date