

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 636399

FILED
Jun 11, 2007
Secretary of State

Entity Name: INSURANCE CONSULTANTS & ANALYSTS, INC.

Current Principal Place of Business:

3606 MACLAY BLVD SOUTH
PO BOX 12909
TALLAHASSEE, FL 32317

New Principal Place of Business:

3606 MACLAY BLVD SOUTH
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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: SMITH, 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: () 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: WALTER L. SMITH

DS

06/11/2007

Electronic Signature of Signing Officer or Director

Date