2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2005
Secretary of State

DOCUMENT# 854362

Entity Name: COORDINATED INSURANCE CENTER, INC.

Current Principal Place of Business:

1250 W BROADWAY
PRINCETON, IN 476701138

New Principal Place of Business:

Current Mailing Address:

1250 W BROADWAY
PRINCETON, IN 476701138

New Mailing Address:

FEI Number: 35-1536340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRECELIUS, ROBERT A
850 A1A BEACH BLVD.
#79
ST. AUGUSTINE, FL 32080 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: DVP ( ) Delete
Name: ANDREWS, BETH A
Address: 916 E. CYNTHIA TRAIL
City-St-Zip: GOODLETTSVILLE, TN

Title: PSTD ( ) Delete
Name: ANDREWS, DAVID S
Address: 916 E. CYNTHIA TRAIL
City-St-Zip: GOODLETTSVILLE, TN

Title: DVP ( ) Delete
Name: CRECELIUS, ROBERT A JR
Address: 850 A1A BCH BLVD 79
City-St-Zip: ST AUGUSTINE, FL 32084

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID S. ANDREWS PRES 02/13/2005

Electronic Signature of Signing Officer or Director — Date