


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000000545 1. Entity Name CBCA INSURANCE SERVICES, INC.	
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Principal Place of Business 4150 INTERNATIONAL PLAZA #550 FT WORTH, TX 76109	Mailing Address 4150 INTERNATIONAL PLAZA #550 FT WORTH, TX 76109
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01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2202155	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000913314 05/08/08-80011-011-150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAPIER, RODNEY 250 E. BROAD ST 21ST FLOOR COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SONNEN, CYNTHIA 250 E. BROAD ST 21ST FLOOR COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEIM, JESSE 4150 INTERNATIONAL PLAZA #550 FT WORTH, TX 76109
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08 (817) 737-1700
Date Daytime Phone #

Jesse Heim III, Secretary CBCAIS