


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90019 012 ***150.00

DOCUMENT # F02000003811					
1. Entity Name ICBA INSURANCE SERVICES, INC.					
Principal Place of Business 775 RIDGE LAKE BLVD., STE. 185 MEMPHIS, TN 38120			Mailing Address 775 RIDGE LAKE BLVD., STE. 185 MEMPHIS, TN 38120		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02022007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 62-1849047	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name Street Address (P.O. Box Number is Not Acceptable) City			Name Street Address (P.O. Box Number is Not Acceptable) City		
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOVACH, DONALD L 399 RTE. 23 FRANKLIN, NJ 074162125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNN, JEFF A 211 E MAIN ST. TUCUMCARI, NM 884012222	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD CHAIR NUNN, JEFF A 101 N TRICE PO BOX 730 CLAUDE, TX 79019	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GULLEDGE, ROBERT HWY 104 & PALMER, P.O. BOX 569 ROBERTSDALE, AL 36567	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>X Harold Devries</i>			HAROLD DEVRIES <i>X 2/15/07</i> 320-352-6546		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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ICBA INSURANCE SERVICES

DIRECTORS & OFFICERS

NAME	BANK NAME	STREET ADDRESS	ADDRESS	CITY, STATE, ZIP CODE
DONALD L. KOVACH DIRECTOR	Sussex Bank	399 Rte 23	PO Box 353	Franklin, NJ 07416-2125
JEFF A. NUNN BOARD CHAIRMAN	Citizens Bank	101 N Trice	PO Box 730	Claude, TX 79019
CHARLIE WALSH DIRECTOR	F&M Bank & Trust		PO Box 928	Burlington, IA 52601-0928
WILLIAM W. REID DIRECTOR/PRES & CEO	ICBA Financial Services Corp	775 Ridge Lake Blvd Ste #185		Memphis, TN 38120
GARY TEAGNO SECRETARY/VICE CHAIRMAN	ICBA Services Network Inc.	1615 L Street NW, Suite 900		Washington, DC 20036-5623
CAMDEN R. FINE DIRECTOR	ICBA	1615 L Street NW, Suite 900		Washington, DC 20036-5623
HAROLD DEVRIES CFO	ICBA	518 Lincoln Road	PO Box 267	Sauk Centre, MN 56378
PATRICIA HOPKINS DEPUTY CFO	ICBA	1615 L Street NW, Suite 900		Washington, DC 20036-5623
ARTHUR MARKOS DIRECTOR	Gardiner Savings Institution, FSB	190 Water Street	PO Box 190	Gardiner, ME 04345-2109

ATTACHMENT

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