

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003811

FILED
Mar 30, 2009
Secretary of State

Entity Name: ICBA INSURANCE SERVICES, INC.

Current Principal Place of Business:

775 RIDGE LAKE BLVD., STE. 185
MEMPHIS, TN 38120

New Principal Place of Business:

Current Mailing Address:

775 RIDGE LAKE BLVD., STE. 185
MEMPHIS, TN 38120

New Mailing Address:

FEI Number: 62-1849047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: D () Delete
Name: KOVACH, DONALD L
Address: 399 RTE. 23
City-St-Zip: FRANKLIN, NJ 074162125

Title: D () Delete
Name: NUNN, JEFF A
Address: 101 N TRICE PO BOX 730
City-St-Zip: CLAUDE, TX 79019

Title: S () Delete
Name: TEAGNO, GARY
Address: 1615 L STREET NW, SUITE 900
City-St-Zip: WASHINGTON, DC 200365623

Title: D () Delete
Name: CAMDEN, FINE R
Address: 1615 L STREET NW, SUITE 900
City-St-Zip: WASHINGTON, DC 200365623

Title: D () Delete
Name: WALSH, CHARLIE
Address: PO BOX 730
City-St-Zip: BURLINGTON, IA 526010928

Title: D () Delete
Name: MARKOS, ARTHUR
Address: 190 WATER STREET
City-St-Zip: GARDINER, ME 043452109

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: P (X) Change () Addition
Name: REID, WILLIAM W
Address: 775 RIDGE LAKE BLVD STE #185
City-St-Zip: MEMPHIS, TN 381209433

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

Title: VP (X) Change () Addition
Name: HOPKINS, PATRICIA M
Address: 1615 L STREET NW, SUITE 900
City-St-Zip: WASHINGTON, DC 200365623

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: PATRICIA M HOPKINS

VP

03/30/2009

Electronic Signature of Signing Officer or Director

Date