


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000001933	
1. Entity Name PNC INSURANCE SERVICES, INC.	

Principal Place of Business 300 DELAWARE AVENUE, SUITE 304 WILMINGTON, DE 19801	Mailing Address 249 FIFTH AVENUE PITTSBURGH, PA 15222-2707
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07062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0257797	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPICKARD, RICHARD L 249 FIFTH AVENUE PITTSBURGH, PA 152222707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FALKOWSKI, DEBORAH L 222 DELAWARE AVENUE WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHAFER, MARIA C 222 DELAWARE AVENUE WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD RANDALL, JONATHAN H 249 FIFTH AVE. PITTSBURGH, PA 152222707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUART, CONNIE BOND 222 DELAWARE AVE. WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UNRECORDED
07/13/05-80006-005 \$50.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Richard L. Spickard* Richard L. Spickard 7/6/05 (412) 762-5276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #