## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000003456

Entity Name: NCMIC INSURANCE SERVICES, INC.

FILED Jan 11, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
14001 UNIVERSITY AVE. CLIVE, IA 503258258				14001 UNIVERSITY AVENUE CLIVE, IA 503258258		
Current Mailing Address:				New Mailing Address:		
14001 UNIVERSITY AVE. CLIVE, IA 503258258				14001 UNIVERSITY AVENUE CLIVE, IA 503258258		
FEI Number	: 42-1453538	FEI Number Applied For()	FEI Num	nber Not Appl	icable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:		Name and	Address	of New Registered Agent:
2731 EXEC SUITE 4 WESTON, The above	VICES, INC. CUTIVE PARK FL 33331 US named entity se of Florida.	3	urpose of	f changing it	ts registere	ed office or registered agent, or both,
SIGNATU	RE:					
Electronic Signature of Registered Agent				Date		
Election Car	mpaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () MCNERNEY, PA 14001 UNIVERS CLIVE, IA 5032	SITY AVE.		Title: Name: Address: City-St-Zip:		(X) Change()Addition Y, PATRICK E /ERSITY AVENUE 503258258
Title: Name: Address: City-St-Zip:	S () SCHLUETER, R 14001 UNIVERS CLIVE, IA 5032	SITY AVE.		Title: Name: Address: City-St-Zip:	STD SCHLUETE 14001 UNIV CLIVE, IA	/ERSITY AVENUE
Title: Name: Address: City-St-Zip:	TD () SCHLUETER, R 14001 UNIVERS CLIVE, IA 5032	SITY AVE.		Title: Name: Address: City-St-Zip:		/ERSITY AVENUE
Title: Name: Address: City-St-Zip:	AVP () CLARK, BARB 14001 UNIVERS CLIVE, IA 5032	SITY AVE.		Title: Name: Address: City-St-Zip:	CLARK, BA	/ERSITY AVENUE
Title: Name: Address: City-St-Zip:	COOD () WARREN, ROD 14001 UNIVERS CLIVE, IA 5032	SITY AVE.		Title: Name: Address: City-St-Zip:	PD WARREN, 14001 UNIV CLIVE, IA	/ERSITY AVENUE
Title: Name: Address: City-St-Zip:	SODA, JOE 14001 UNIVERS			Title: Name: Address: City-St-Zip:		/ERSITY AVENUE

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: ROGER SCHLUETER S 01/11/2008