2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004773

Entity Name: CITICORP INSURANCE SERVICES INC.

FILED Apr 01, 2008 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
3001 MEACHAM BLVD., STE. 200 FORT WORTH, TX 76137				3001 MEACHAM BLVD., STE. 100 FORT WORTH, TX 76137		
Current Mailing Address:			New Maili	New Mailing Address:		
3001 MEACHAM BLVD., SUITE 200 FORT WORTH, TX 76137			3001 MEACHAM BLVD., STE. 100 FORT WORTH, TX 76137			
FEI Number:	62-1282460	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of	Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1200 SOU	ORATION SYS TH PINE ISLAN ON, FL 33324					
	named entity s of Florida.	ubmits this statement for the po	urpose of changing	its registered office or regis	tered agent, or both,	
SIGNATUR	RE:					
		c Signature of Registered Age	nt	Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	AGNELLO, RICH	I BLVD., SUITE 200	Title: Name: Address: City-St-Zip:	DP (X) Change () A CARSON, DAVA S 3001 MEACHAM BLVD., SUITE FORT WORTH, TX 76137		
Title: Name: Address: City-St-Zip:	DAVID, PATRICI	I BLVD, STE 200	Title: Name: Address: City-St-Zip:	D (X) Change () A DAVID, PATRICIA E 3001 MEACHAM BLVD, STE 1 FORT WORTH, TX 76137		
Title: Name: Address: City-St-Zip:	GAMBERO, DAF	I BLVD., SUITE 200	Title: Name: Address: City-St-Zip:	T (X) Change () A LARKIN, PAULA D 3001 MEACHAM BLVD., SUITI FORT WORTH, FL 76137		
Title: Name: Address: City-St-Zip:	LEHMAN, GREG	I BLVD, STE 200	Title: Name: Address: City-St-Zip:	S (X) Change () A LEHMAN, GREGG H 3001 MEACHAM BLVD, STE 1 FORT WORTH, TX 76137		
Title: Name: Address: City-St-Zip:	LARKIN, PAULÁ	I BLVD., SUITE 200	Title: Name: Address: City-St-Zip:	()Change ()Ad	ddition	

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: GREGG H. LEHMAN S 04/01/2008