

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90053 023 ***150.00

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1. Entity Name
CSI CLAIMS SERVICES, INC.



Principal Place of Business
4747 MCLANE PARKWAY
TEMPLE, TX 76504

Mailing Address
P.O. BOX 6115
ATTN: TAX
TEMPLE, TX 76503-6115

60008654



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0434690

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROSIER, WILLIAM G
STREET ADDRESS 4747 MCLANE PARKWAY
CITY-ST-ZIP TEMPLE, TX 76504

TITLE S
NAME MEWHINNEY, LEN
STREET ADDRESS 4747 MCLANE PARKWAY
CITY-ST-ZIP TEMPLE, TX 76504

TITLE AS
NAME GRAVES, DONALD R
STREET ADDRESS 4747 MCLANE PARKWAY
CITY-ST-ZIP TEMPLE, TX 76504

TITLE T
NAME KOCH, KEVIN J
STREET ADDRESS 4747 MCLANE PARKWAY
CITY-ST-ZIP TEMPLE, TX 76504

TITLE AT
NAME MANN, CAROLINE R
STREET ADDRESS 4747 MCLANE PARKWAY
CITY-ST-ZIP TEMPLE, TX 76504

TITLE D
NAME MCELROY, TERRY
STREET ADDRESS 4747 MCLANE PARKWAY
CITY-ST-ZIP TEMPLE, TX 76504

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin J. Koch
Treasurer

1/12/06
Date

254/771-7500
Daytime Phone #

ATTACHMENT

CSI Claims Services, Inc.
State of Florida
2006 For Profit Corporation Annual Report
FEIN: 20-0434690

60008654
#70400000508

<u>NAME</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
OFFICERS		
William G. Rosier	President	4747 McLane Parkway, Temple, TX 76504
Len Mewhinney	Secretary	4747 McLane Parkway, Temple, TX 76504
Donald R. Graves	Assistant Secretary	4747 McLane Parkway, Temple, TX 76504
Kevin J. Koch	Treasurer	4747 McLane Parkway, Temple, TX 76504
Caroline R. Mann	Assistant Treasurer	4747 McLane Parkway, Temple, TX 76504
DIRECTORS		
Terry McElroy	Director	4747 McLane Parkway, Temple, TX 76504
William G. Rosier	Director	4747 McLane Parkway, Temple, TX 76504
James L. Kent	Director	4747 McLane Parkway, Temple, TX 76504