2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# F04000000508

Entity Name: CSI CLAIMS SERVICES, INC.

Current Principal Place of Business:

4747 MCLANE PARKWAY
TEMPLE, TX 76504

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6115
ATTN: TAX
TEMPLE, TX 765036115

New Mailing Address:

FEI Number: 20-0434690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: DCEO
Name: ROSIER, WILLIAM G
Address: 4747 MCLANE PARKWAY
City-St-Zip: TEMPLE, TX 76504

Title: S
Name: MEWHINNEY, LEN
Address: 4747 MCLANE PARKWAY
City-St-Zip: TEMPLE, TX 76504

Title: AS
Name: GRAVES, DONALD R
Address: 4747 MCLANE PARKWAY
City-St-Zip: TEMPLE, TX 76504

Title: T
Name: KOCH, KEVIN J
Address: 4747 MCLANE PARKWAY
City-St-Zip: TEMPLE, TX 76504

Title: PD
Name: YOUNGBLOOD, MIKE
Address: 4747 MCLANE PARKWAY
City-St-Zip: TEMPLE, TX 76504

Title: VPD
Name: KENT, JAMES L
Address: 4747 MCLANE PARKWAY
City-St-Zip: TEMPLE, TX 76504

I hereby 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 all other like empowered.

SIGNATURE: KEVIN J. KOCH TREA 03/15/2011

Electronic Signature of Signing Officer or Director — Date