## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 21, 2005 8:00 am Secretary of State 02-21-2005 90067 019 \*\*\*150.00

DOCUMENT # F0400002812  1. Entity Name INSURANCE SERVICES OFFICE, INC.					02-21-2	2003 2000	7 019 ***1.	30.00
Principal Place of Business  545 WASHINGTON BLVD.  JERSEY CITY, NJ 07310  Mailing Address  545 WASHINGTON BLVD.  JERSEY CITY, NJ 07310				66006562			N NA ALEKTRIK NA ALEKTRIK	30 <b>7</b> 1 (1 1 <b>01</b> 1
2. Principal Place of Business 3. Mailing Address				-				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				01272005 Chg-P	CR2	E034 (10/03)	
City & State	City & State			4. FEI Number 13-313141	2		plied For t Applicable	
Zip Country	Zîp Coun		itry		5. Certificate of Status Des	ired 🔲	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
AGUILA, THOMAS S 2632 SW BEAR PAW TRAIL PALM CITY, FL 34990			Street Address (P.O. Box Number is Not Acceptable)					
•			City			F	Zip Code	9
The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.				register	d agent, or both, in the State	of Florida, 1 a	em familiar with,	and accept
SIGNATURE								
Signature, typed or printed nerire of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10. OFFICERS AND DIRECTORS 11.					ADDITIONS/CHANGES TO	O OFFICERS A	ND DIRECTOR	S IN 11
TITE CPD	- Delicit						Change	Addition
			ET ADORESS					
CITY-ST-ZIP JERSEY CITY, NJ 07310	JERSEY CITY, NJ 07310 CITY							
TITLE S							☐ Change	Addition
MAME GIAS!, JOSEPH P JR. STREET ADDRESS 545 WASHINGTON BLVD.	GIASI, JOSEPH P JR. 545 WASHINGTON BEVD. 578							
CITY-ST-ZP JERSEY CITY, NJ 07310								
TITLE V	V Delete 111LE			Exec	itive Vice Pre	sident	: X Change	☐ Addition
NAME BOEHNING, CAROLE J					ield, Carole J			
			ET ADORESS -ST-ZIP	-545-	Washington-Blv ev City:NJ 073	d		<del></del>
TITLE V				Jer	ey CILYING 0/3	10:	☐ Change	Addition
NAME BOEHNING, RICHARD P		NAM						
STREET ADDRESS 545 WASHINGTON BLVD.			ET ADDRESS -St-zip					
mile V	☐ Delete	mu					☐ Change	☐ Addition
HAME CLARK, KAREN		HAM						
STREET ADDRESS 101 HUNTINGTON AVENUE		1	ET ADDRESS					
CITY-ST-ZP BOSTON, MA 02199		-	-ST-ZIP			<del> </del>		
I TITLE   V NAME   FOGLE, LEE	☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS 250 BERRYHILL ROAD			ET ADDRESS					I
CITY-ST-ZIP COLUMBIA, SC 29210		1	-ST-21P					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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:								