

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000002812 1. Entity Name INSURANCE SERVICES OFFICE, INC.						FILED 06 OCT 17 AM 11:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 545 WASHINGTON BLVD. JERSEY CITY, NJ 07310				Mailing Address 545 WASHINGTON BLVD. JERSEY CITY, NJ 07310			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 13-3131412				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AGUILA, THOMAS S 2632 SW BEAR PAW TRAIL PALM CITY, FL 34990				7. Name and Address of New Registered Agent Name Thomas Aguila Street Address (P.O. Box Number is Not Acceptable) 3491 SW Sawgrass Villas Drive City Palm City FL Zip Code 34990			
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 <u><i>Thomas Aguila</i></u> DATE <u>10/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD COYNE, FRANK J 545 WASHINGTON BLVD. JERSEY CITY, NJ 07310	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200080931952 10/18/06--01005--008 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIASI, JOSEPH P JR. 545 WASHINGTON BLVD. JERSEY CITY, NJ 07310	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BANFIELD, CAROLE J 545 WASHINGTON BLVD. JERSEY CITY, NJ 07310	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>\$10/23</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOEHNING, RICHARD P 545 WASHINGTON BLVD. JERSEY CITY, NJ 07310	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, KAREN 101 HUNTINGTON AVENUE BOSTON, MA 02199	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOGLE, LEE 250 BERRYHILL ROAD COLUMBIA, SC 29210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Kenneth G. Geraghty</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>10/13/06</u> DAYTIME PHONE # _____			