

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004270

FILED
Aug 17, 2005
Secretary of State

Entity Name: INTERMEDIARY INSURANCE SERVICES, INC.

Current Principal Place of Business:

180 MONTGOMERY STREET 5TH FLOOR
SAN FRANCISCO, CA 94104

New Principal Place of Business:

Current Mailing Address:

180 MONTGOMERY STREET 5TH FLOOR
SAN FRANCISCO, CA 94104

New Mailing Address:

FEI Number: 94-2872506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: COLLINS, DOMINIC
Address: 6 CRUTCHED FRIARS
City-St-Zip: LONDON EC3N 2PH, ENGLAND,

Title: PD () Delete
Name: HUTTON, CHRISTOPHER
Address: 2113 CLIMBING IVY DRIVE
City-St-Zip: TAMPA, FL 33618

Title: COO () Delete
Name: NORIEGA, BRUCE
Address: 180 MONTGOMERY STREET 5TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94104

Title: SD (X) Delete
Name: SCARBOROUGH, JAY
Address: 13 CORNELL ROAD
City-St-Zip: LATHAM, NY 12110

Title: T (X) Delete
Name: GOSSTOLA, DAVID J
Address: 13 CORNELL ROAD
City-St-Zip: LATHAM, NY 12110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HUTTON, CHRISTOPHER J
Address: 2113 CLIMBING IVY DRIVE
City-St-Zip: TAMPA, FL 33618

Title: COO (X) Change () Addition
Name: NORIEGA, BRUCE N
Address: 1532 EDMOND DRIVE
City-St-Zip: SAN CARLOS, CA 94583

Title: EVP (X) Change () Addition
Name: HENRY, JAMES P
Address: 548 SANTANDER DRIVE
City-St-Zip: SAN RAMON, CA 94583

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRUCE NORIEGA

COO

08/17/2005

Electronic Signature of Signing Officer or Director

Date