

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004326

FILED  
Jan 19, 2010  
Secretary of State

**Entity Name:** COMERICA INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

201 W FORT STREET  
3RD FL  
DETROIT, MI 48226

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RACHEL J MERRICK  
1717 MAIN STREET, 4TH FLOOR, MC 6506  
DALLAS, TX 75201

**New Mailing Address:**

C/O MARGE /STUKES  
500 WOODWARD AVENUE, MC 3391  
DETROIT, MI 48226

**FEI Number:** 38-3063147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT 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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: DCP  
Name: ROGERS, ROSS  
Address: 201 W FORT STREET 3RD FL  
City-St-Zip: DETROIT, MI 48226

Title: DAS  
Name: GERSCH, NICOLE V  
Address: 1717 MAIN STREET, 4TH FLOOR, MC 6506  
City-St-Zip: DALLAS, TX 75201

Title: T  
Name: MALDEGEN, MICHAEL J  
Address: 201 W. FORT STREET, 3RD FLOOR  
City-St-Zip: DETROIT, MI 48226

Title: SVPS  
Name: WALKER, LISA A  
Address: 201 W. FORT STREET, 3RD FLOOR  
City-St-Zip: DETROIT, MI 48226

Title: SVP  
Name: KUCHOLTZ, BRYAN P  
Address: 201 W. FORT STREET, 3RD FLOOR  
City-St-Zip: DETROIT, MI 48226

Title: AS  
Name: SCHAEFER, THAD A  
Address: 1717 MAIN STREET, 4TH FLOOR, MC 6506  
City-St-Zip: DALLAS, TX 75201

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: NICOLE V. GERSCH

AS

01/19/2010

Electronic Signature of Signing Officer or Director

Date