


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90200 011 ***158.75

DOCUMENT # F04000004895	
1. Entity Name WASHINGTON MUTUAL INSURANCE SERVICES, INC.	

Principal Place of Business 17861 VON KARMAN AVE IRVINE, CA 92614 US	Mailing Address C/O WASHINGTON MUTUAL, ATTN: JOAN OLDS 1201 THIRD AVE., WMT1706 SEATTLE, WA 98101
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1201 3rd Ave., WMT1706 Suite, Apt. #, etc.
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City & State City & State Seattle, WA	4. FEI Number 95-3840806	Applied For <input type="checkbox"/> Not Applicable
Zip 98101	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORMATO, CARL A 17861 VON KARMAN AVE., BLDG. E IRVINE, CA 92614 <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	S HOLBROOK, CYNTHIA K 1201 3RD AVE WMT 1706 SEATTLE, WA 98101 <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	T FRUIT, WILLIAM K 75 N. FAIRWAY DRIVE VERNON HILLS, IL 60061 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/VP Anderson, Curtis B. 75 N. Fairway Dr. Vernon Hills, IL 60061 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVP GREENLEE, JOHN P 17861 VON KARMAN AVE., BLDG. E IRVINE, CA 92614 <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 SLEDD, CHARLES M 1201 THIRD AVE., WMT1706 SEATTLE, WA 98101 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	First VP Nelson, Greg J. 17861 Von Karman Ave., Bldg. E Irvine, CA 92614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	First VP Ray, Deveri M. 1191 2nd Ave., SAS0921 Seattle, WA 98101 <input type="checkbox"/> Change <input checked="" 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: 	Cynthia K. Holbrook	4/13/06	(206) 461-8998
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

ATTACHMENT
60030540

Washington Mutual

Legal Department
1201 3rd Ave., WMT1706
Seattle, WA 98101

(206) 461-8998
fax (206) 554-2790

April 21, 2006



Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

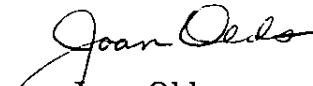
Re: ~~Washington Mutual Insurance Services, Inc.~~
Document # F04000004895

Dear Sir or Madam:

Enclosed for filing is the completed annual report for the above-referenced corporation. Check number 844378626 in the amount of \$158.75 is also enclosed for the filing fee and to obtain a certificate of status.

Please return the certificate to the attention of Joan Olds, Washington Mutual Bank, 1201 3rd Ave., WMT1706, Seattle, WA 98101. If you have any questions or need further information, please feel free to call me at (206) 461-8998. Thank you for your attention to this matter.

Sincerely,


Joan Olds

Enclosures



ATTACHMENT

66030540

Entity Name:
Document #:

Washington Mutual Insurance Services, Inc.
F04000004895

Attachment to Florida
Annual Report

Block 10. Additional Officers:

Leslie A. Harrison
First Vice President, Assistant Secretary
17875 Von Karman Ave., Ste. 300
Irvine, CA 92614

Jill K. Smith-Ely
First Vice President
17861 Von Karman Ave., Bldg. E
Irvine, CA 92614

Cynthia L. Barajas
Vice President
17861 Von Karman Ave., Bldg. E
Irvine, CA 92614

Carolyn K. Casteel-Picinich
Vice President
1501 4th Ave., CSQ815
Seattle, WA 98101

William L. Lynch
Assistant Secretary
1201 3rd Ave., WMT1706
Seattle, WA 98101

Block 10. Additional Directors:

Emmet R. Burns
1201 3rd Ave., WMT1236
Seattle, WA 98101

Stephen Fortunato
1201 3rd Ave., 20th Flr.
Seattle, WA 98101

Anthony T. Meola
75 N. Fairway Dr.
Vernon Hills, IL 60061

Richard G. Stephenson
1201 3rd Ave., WMT1706
Seattle, WA 98101