

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005948

Entity Name: INSURSERV, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

157 RIVER VISTA PLACE
TWIN FALLS, ID 83301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6
TWIN FALLS, ID 83303

New Mailing Address:

FEI Number: 82-0460006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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: P () Delete
Name: MCDONALD, PETER
Address: 223 E HIGHLAND VIEW DR
City-St-Zip: BOISE, ID 83702

Title: V () Delete
Name: MAGUIRE, WALT
Address: 1311 JULIE LANE
City-St-Zip: TWIN FALLS, ID 83301

Title: V () Delete
Name: METCALF, DENISE
Address: P.O. BOX 52
City-St-Zip: GOODING, ID 83330

Title: V () Delete
Name: BALL, STEVE
Address: 9340 LYLE
City-St-Zip: BOISE, ID 83709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: PETER MCDONALD

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date