2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2012
Secretary of State

DOCUMENT# F06000005361

Entity Name: INSURANCE SERVICES GROUP, INC.

Current Principal Place of Business:

901 DULANEY VALLEY RD
STE 616
TOWSON, MD 21204

New Principal Place of Business:

Current Mailing Address:

901 DULANEY VALLEY RD
STE 616
TOWSON, MD 21204

New Mailing Address:

FEI Number: 52-1534574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

OFFICERS AND DIRECTORS:

Title: D
Name: SCHRIEBER, SANFORD
Address: 7930-A STEVENSON RD
City-St-Zip: PIKESVILLE, MD 21208

Title: CD
Name: WERTHEIMER, ROBERT
Address: 901 DULANEY VALLEY RD STE#616
City-St-Zip: TOWSON, MD 21204

Title: VP
Name: COHN, ALLAN
Address: 901 DULANEY VALLEY RD STE#616
City-St-Zip: TOWSON, MD 21204

Title: S
Name: HELLER, JOHN
Address: 901 DULANEY VALLEY RD STE#616
City-St-Zip: TOWSON, MD 21204

Title: P
Name: SUTTON, JOSEPH
Address: 901 DULANEY VALLEY RD STE #616
City-St-Zip: TOWSON, MD 21204

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: JOSEPH SUTTON P 05/30/2012

Electronic Signature of Signing Officer or Director — Date