## 2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F06000005361

Entity Name: INSURANCE SERVICES GROUP, INC.

FILED Aug 24, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

901 DULANEY VALLEY RD 309 INTERNATIONAL CIRCLE STE 616 SUITE 100 HUNT VALLEY, MD 21030

Current Mailing Address: New Mailing Address:

901 DULANEY VALLEY RD 309 INTERNATIONAL CIRCLE STE 616 SUITE 100 HUNT VALLEY, MD 21030

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

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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: [

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: F

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 08/24/2012