# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 16, 2012**
**Secretary of State**

DOCUMENT# F06000006228

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

**Current Principal Place of Business:**

100 N. CORPORATE DRIVE
SUITE 100
BROOKFIELD, WI 53045

**New Principal Place of Business:**

**Current Mailing Address:**

100 N. CORPORATE DRIVE
SUITE 100
BROOKFIELD, WI 53045

**New Mailing Address:**

**FEI Number: 39-1403176** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: T
Name: MCCORMACK, JAMES E
Address: 100 N. CORPORATE DRIVE
City-St-Zip: BROOKFIELD, WI 53045

Title: VP
Name: HANSEN, RAYMOND
Address: 100 N. CORPORATE DRIVE
City-St-Zip: BROOKFIELD, WI 53045

Title: VP
Name: STARK, DAVID R
Address: 100 N. CORPORATE DRIVE
City-St-Zip: BROOKFIELD, WI 53045

Title: CEO
Name: SOWINSKI, ROBERT
Address: 100 N. CORPORATE DRIVE
City-St-Zip: BROOKFIELD, WI 53045

Title: P
Name: LIE, CHRISTIAN
Address: 100 N. CORPORATE DRIVE
City-St-Zip: BROOKFIELD, WI 53045

Title: P
Name: JOCZ, THOMAS
Address: 100 N. CORPORATE DRIVE
City-St-Zip: BROOKFIELD, WI 53045

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: JAMES E MCCORMACK T 01/16/2012

Electronic Signature of Signing Officer or Director — Date