2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003863

Entity Name: FISERV INSURANCE SOLUTIONS, INC.

FILED Aug 31, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
255 FISERV DR. BROOKFIELD, WI 53045				250 N. SUNNY SLOPE ROAD SUITE 110 BROOKFIELD, WI 53005		
Current Mailing Address:				New Mailing Address:		
255 FISERV DR. BROOKFIELD, WI 53045				250 N. SUNNY SLOPE ROAD SUITE 110 BROOKFIELD, WI 53005		
FEI Number: 26-1159476 FEI Number Applied For () FEI Nu				mber Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:		Name and	Address	of New Registered Agent:
1201 HAYS TALLAHAS The above	SSEE, FL 3230	012525 US	urpose c	of changing i	ts registere	ed office or registered agent, or both,
SIGNATU	RE:					
	Electron	ic Signature of Registered Age	nt			Date
Election Car		3(2)(b), F.S., the corporation did not g Trust Fund Contribution(). TORS:	t receive t			ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () DAMICO, MARI 255 FISERV DE BROOKFIELD,	₹.		Title: Name: Address: City-St-Zip:		(X) Change()Addition MARK J. NNY SLOPE ROAD, SUITE 110 ELD, WI 53005
Title: Name: Address: City-St-Zip:	VP () HENSLEY, JOS 1320 GREENW DALLAS, TX 75	'AY DR		Title: Name: Address: City-St-Zip:		(X) Change () Addition DAVID NNY SLOPE ROAD, SUITE 110 ELD, WI 53005
Title: Name: Address: City-St-Zip:	SD () JENSEN, JULIA 255 FISERV DF BROOKFIELD,	₹.		Title: Name: Address: City-St-Zip:		(X) Change () Addition ULIA A NNY SLOPE ROAD, SUITE 110 ELD, WI 53005
Title: Name: Address: City-St-Zip:	VP () HILL-NICHOLS, 4601 DTC BLVI DENVER, CO 8	D.		Title: Name: Address: City-St-Zip:		() Change() Addition
Title: Name: Address: City-St-Zip:	VP () JONES, P.MICH 555 CORPORA KALISPELL, MT	TE DR.		Title: Name: Address: City-St-Zip:		(X) Change ()Addition MICHAEL ORATE DRIVE L, MT 59901
Title: Name: Address: City-St-Zip:	VP () SHERNE, GARY 475 14 ST OAKLAND, CA			Title: Name: Address: City-St-Zip:		(X) Change()Addition GARY REET, SUITE 850 CA 94612

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: JULIA A. JENSEN SEC 08/31/2009