

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001955

FILED
Apr 05, 2011
Secretary of State

Entity Name: AFFIRMATIVE INSURANCE SERVICES, INC.

Current Principal Place of Business:

4450 SOJOURN DR, SUITE 500
ADDISON, TX 75001

New Principal Place of Business:

150 HARVESTER DRIVE
300
BURR RIDGE, IL 60527

Current Mailing Address:

150 HARVESTER DRIVE
SUITE 300
BURR RIDGE, IL 60527

New Mailing Address:

150 HARVESTER DRIVE
300
BURR RIDGE, IL 60527

FEI Number: 75-2828823

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

OFFICERS AND DIRECTORS:

Title: CFO
Name: MCCLURE, MICHAEL J
Address: 150 HARVESTER DRIVE, SUITE 300
City-St-Zip: BURR RIDGE, IL 60527

Title: CEO
Name: KUSUMI, GARY Y
Address: 150 HARVESTER DRIVE, SUITE 300
City-St-Zip: BURR RIDGE, IL 60527

Title: SECY
Name: FISHER, JOSEPH G
Address: 150 HARVESTER DRIVE, SUITE 300
City-St-Zip: BURR RIDGE, IL 60527

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 G. FISHER

SECY

04/05/2011

Electronic Signature of Signing Officer or Director

Date