

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002056

Entity Name: INSURANCE COUNSELORS, INC.

FILED
May 27, 2005
Secretary of State

Current Principal Place of Business:

5260 WESTERN AVE.
CHEVY CHASE, MD 20815

New Principal Place of Business:

Current Mailing Address:

5260 WESTERN AVE.
CHEVY CHASE, MD 20815

New Mailing Address:

FEI Number: 52-1168724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLELLAND, HUGH H III
1857 WELLS ROAD, SUITE 224
ORANGE PARK, FL 32073 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERTS, WILLIAM E
Address: 6529 79TH PLACE
City-St-Zip: CABIN JOHN, MD 20818

Title: V () Delete
Name: MULCAHY, TIMOTHY J
Address: 2214 HARPOON DR
City-St-Zip: STAFFORD, VA 22554

Title: V () Delete
Name: KELLE, CARL J
Address: 2300 DARTS COVE WAY
City-St-Zip: MT. PLEASANT, SC 29466

Title: S () Delete
Name: STEWART, JAN C
Address: 715 DALE DRIVE
City-St-Zip: SILVER SPRING, MD 20910

Title: V () Delete
Name: CUNNINGHAM, STEVEN W
Address: 98 WATEREDGE LANE
City-St-Zip: FREDERICKSBURG, VA 22406

Title: T () Delete
Name: SCHARA, CHARLES G
Address: 8204 SPARGER STREET
City-St-Zip: MCLEAN, VA 22102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: PUSHMAN, DAVID H
Address: 106 MUIRFIELD RD
City-St-Zip: MACON, GA 31210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAN C. STEWART

S

05/27/2005

Electronic Signature of Signing Officer or Director

Date