

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002056

FILED  
Mar 10, 2006  
Secretary of State

Entity Name: INSURANCE COUNSELORS, INC.

## 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

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: PUSHMAN, DAVID H  
Address: 106 MUIRFIELD RD  
City-St-Zip: MACON, GA 31210

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

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 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: TIMOTHY J MULCAHY

V

03/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date