## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000002056

Entity Name: INSURANCE COUNSELORS, INC.

FILED Jul 09, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5260 WESTERN AVE. CHEVY CHASE, MD 20815							
Current Mailing Address:				New Mailing Address:			
5260 WESTERN AVE. CHEVY CHASE, MD 20815			l	ONE GEICO BLVD LICENSING- 2ND FLOOR FREDERICKSBURG, VA 22412			
FEI Number: 52-1168724 FEI Number Applied For ( ) FEI Num			FEI Numl	nber Not Applicable ( ) Certificate of Status Desired (X)			
Name and Address of Current Registered Agent: Name and Address of New R						ew Registered Agen	t:
MCCLELLAND, HUGH H III 1857 WELLS ROAD, SUITE 224 ORANGE PARK, FL 32073 US							
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:							
	Electroni	c 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:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
OFFICERS AND DIRECTORS.							
Title: Name: Address: City-St-Zip:	P () ROBERTS, WILI 6529 79TH PLAC CABIN JOHN, M	CE	1	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () MULCAHY, TIMO 2214 HARPOON STAFFORD, VA	DR	1	Title: Name: Address: City-St-Zip:	V (X) 0 MILLER, ROBER 2820 AMHERST DALLAS, TX 752	AVE	
Title: Name: Address: City-St-Zip:	V () PUSHMAN, DAV 106 MUIRFIELD MACON, GA 31	RD	1	Title: Name: Address: City-St-Zip:	V (X) O PIERCE, NANCY 100 QUEEN STR ALEXANDRIA, VA	EET	
Title: Name: Address: City-St-Zip:	S () STEWART, JAN 715 DALE DRIVI SILVER SPRING	C ≣	1	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () CUNNINGHAM, S 98 WATEREDGI FREDERICKSBU	E LANE	1	Title: Name: Address: City-St-Zip:	V (X) ( ZINNO, JOHN J 1601 GAYLE TEF FREDERICKSBU		
Title: Name: Address: City-St-Zip:	T () SCHARA, CHAR 8204 SPARGER MCLEAN, VA 22	STREET	1	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition	

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: JOHN J ZINNO V 07/09/2007