

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002056

FILED
Apr 30, 2008
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:

ONE GEICO BLVD
LICENSING- 2ND FLOOR
FREDERICKSBURG, VA 22412

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: MILLER, ROBERT M
Address: 2820 AMHERST AVE
City-St-Zip: DALLAS, TX 75225

Title: V () Delete
Name: PIERCE, NANCY L
Address: 100 QUEEN STREET
City-St-Zip: ALEXANDRIA, VA 22314

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

Title: V () Delete
Name: ZINNO, JOHN J
Address: 1601 GAYLE TERRACE
City-St-Zip: FREDERICKSBURG, VA 22401

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: S (X) Change () Addition
Name: DAVIS, JUDITH R
Address: 127 HARWILL DRIVE
City-St-Zip: STAFFORD, VA 22556

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 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: JUDITH R DAVIS

S

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date