


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000002186 1. Entity Name BOLLINGER INSURANCE PROGRAMS, INC.	
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Principal Place of Business 101 JFK PKWY SHORT HILLS, NJ 07078	Mailing Address 101 JFK PKWY SHORT HILLS, NJ 07078
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01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-0781130	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 S. DADELAND BLVD. MIAMI, FL 33156	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

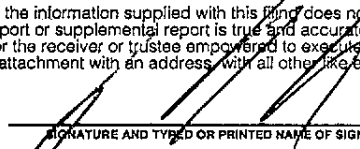
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC WINDOLF, JOHN A FEATHERBED LN NEW VERNON, NJ 07976
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CRISPO, G. ALEXANDER 10 HARWOOD DRIVE MADISON, NJ 07940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COOK, DOUGLAS T 96 FOREST WAY ESSEX FELLS, NJ 07021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WETZEL, CHRISTOPHER H 6 DARLINGTON DR ROCKAWAY, NJ 07866
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CANNAARIZZI, LEONARD R 89 SUMMIT AVENUE FREEHOLD, NJ 07728
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/11/05-80062-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ **Date** 1/7/05 **Daytime Phone #** _____