2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006
Secretary of State

DOCUMENT# F96000002186

Entity Name: BOLLINGER INSURANCE PROGRAMS, INC.

Current Principal Place of Business:

101 JFK PKWY
SHORT HILLS, NJ 07078

New Principal Place of Business:

Current Mailing Address:

101 JFK PKWY
SHORT HILLS, NJ 07078

New Mailing Address:

FEI Number: 22-0781130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 S. DADELAND BLVD.
MIAMI, FL 33156 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: PDC ( ) Delete
Name: WINDOLF, JOHN A
Address: FEATHERBED LN
City-St-Zip: NEW VERNON, NJ 07976

Title: SD ( ) Delete
Name: CRISPO, G. ALEXANDER
Address: 10 HARWOOD DRIVE
City-St-Zip: MADISON, NJ 07940

Title: VD ( ) Delete
Name: COOK, DOUGLAS T
Address: 96 FOREST WAY
City-St-Zip: ESSEX FELLS, NJ 07021

Title: T ( ) Delete
Name: WETZEL, CHRISTOPHER H
Address: 6 DARLINGTON DR
City-St-Zip: ROCKAWAY, NJ 07866

Title: D ( ) Delete
Name: CANNAARIZZI, LEONARD R
Address: 89 SUMMIT AVENUE
City-St-Zip: FREEHOLD, NJ 07728

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D (X) Change ( ) Addition
Name: CANNAROZZI, LEONARD R
Address: 89 SUMMIT AVENUE
City-St-Zip: FREEHOLD, NJ 07728

Title: D ( ) Change (X) Addition
Name: LEFEVRE, LOUIS E
Address: 66 MURRAY DRIVE
City-St-Zip: HILLSBOROUGH, NJ 08844

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: DARLENE DENHOLLANDER AGC 03/15/2006

Electronic Signature of Signing Officer or Director — Date