


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90050 018 ***150.00

DOCUMENT # F9600003215 1. Entity Name FINANCIAL INSURANCE SERVICES, INC.	
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Principal Place of Business 7277 WORLD COMMUNICATIONS DRIVE OMAHA, NE 68122	Mailing Address 7277 WORLD COMMUNICATIONS DRIVE OMAHA, NE 68122 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01192006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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4. FEI Number 47-0791671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____

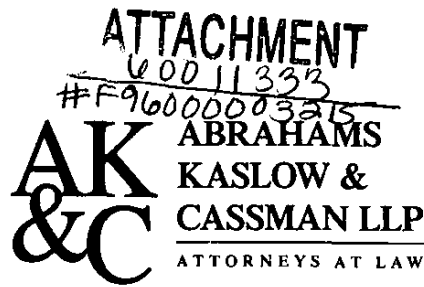
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DVT	<input checked="" type="checkbox"/> Delete		TITLE	D/P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VRANA, DONALD J			NAME	Robert Camenzind		
STREET ADDRESS	7277 WORLD COMMUNICATIONS DRIVE			STREET ADDRESS	7277 World Communications Drive		
CITY-ST-ZIP	OMAHA, NE 68122			CITY-ST-ZIP	Omaha, NE 68122		
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE	D/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LESZCZYNSKI, HENRY			NAME	Ronald Reno		
STREET ADDRESS	7277 WORLD COMMUNICATIONS DR			STREET ADDRESS	7277 World Communications Drive		
CITY-ST-ZIP	OMAHA, NE 68122			CITY-ST-ZIP	Omaha, NE 68122		
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEAUFAIT, TERESA A			NAME			
STREET ADDRESS	7277 WORLD COMMUNICATION DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OMAHA, NE 68122			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLOYD, SHERYL A			NAME			
STREET ADDRESS	7277 WORLD COMMUNICATION DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OMAHA, NE 68122			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ronald E. Reno RONALD E. RENO JAN. 31, 2006 402/963-0810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FREDERICK S. CASSMAN, *OF COUNSEL*
HOWARD J. KASLOW
FRANK F. POSPISHIL
RONALD K. PARSONAGE
JOHN W. HERDZINA
HARVEY B. COOPER
RANDALL C. HANSON
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MILTON R. ABRAHAMS
1905-2000
BEN E. KASLOW
1907-1993

February 3, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

Please file the enclosed Annual Report for Financial Insurance Services, Inc. I have included a check in the amount of \$150.00 for filing fees.

Thank you for your assistance. If you have any questions, please feel free to contact me.

Very truly yours,

Karen M. Boyd, CLA
Certified Legal Assistant
For the Firm

/kmb
Enclosures