


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-06-2006 90050 018 \*\*\*150.00

<b>DOCUMENT # F96000003215</b> 1. Entity Name <b>FINANCIAL INSURANCE SERVICES, INC.</b>	
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Principal Place of Business <b>7277 WORLD COMMUNICATIONS DRIVE OMAHA, NE 68122</b>	Mailing Address <b>7277 WORLD COMMUNICATIONS DRIVE OMAHA, NE 68122 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01192006 Chg-P CR2E034 (11/05)

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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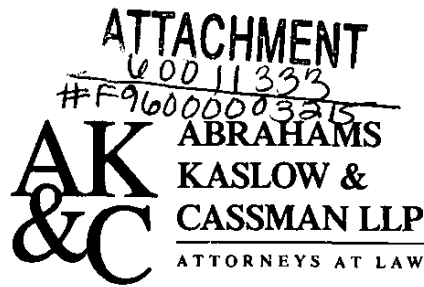
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DVT	<input checked="" type="checkbox"/> Delete		TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VRANA, DONALD J			NAME	Robert Camenzind		
STREET ADDRESS	7277 WORLD 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 402/963-6810

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  
R. CRAIG FRY  
TIMOTHY M. KENNY  
ERIC H. LINDQUIST  
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THOMAS J. MALICKI  
AARON D. WEINER



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LAURIE E. HELLBUSCH  
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