

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003215

FILED
Apr 30, 2009
Secretary of State

Entity Name: FINANCIAL INSURANCE SERVICES, INC.

Current Principal Place of Business:

7277 WORLD COMMUNICATIONS DRIVE
OMAHA, NE 68122

New Principal Place of Business:

3102 WEST END AVENUE
SUITE 1000
NASHVILLE, TN 37203

Current Mailing Address:

7277 WORLD COMMUNICATIONS DRIVE
OMAHA, NE 68122 US

New Mailing Address:

3102 WEST END AVENUE
SUITE 1000
NASHVILLE, TN 37203

FEI Number: 47-0791671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP () Delete
Name: CAMENZIND, ROBERT
Address: 7277 WORLD COMMUNICATIONS DRIVE
City-St-Zip: OMAHA, NE 68122

Title: DT () Delete
Name: JANIZI, CRAIG
Address: 3102 WEST END AVENUE, SUITE 1000
City-St-Zip: NASHVILLE, TN 37203

Title: V () Delete
Name: CLOYD, SHERYL A
Address: 7277 WORLD COMMUNICATION DRIVE
City-St-Zip: OMAHA, NE 68122

Title: S () Delete
Name: BECKMAN, DAVID
Address: 3102 W END AVE STE 1000
City-St-Zip: NASHVILLE, TN 37203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CAMENZIND, ROBERT
Address: 5601 NORTH 103RD STREET
City-St-Zip: OMAHA, NE 68134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: CLOYD, SHERYL A
Address: 5601 NORTH 103RD STREET
City-St-Zip: OMAHA, NE 68134

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: TAMIKA LYNCH

VP

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date