

# 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