

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90060 046 ***150.00

DOCUMENT # F99000004799

1. Entity Name
INS REGULATORY INSURANCE SERVICES, INC.



Principal Place of Business
**919 MARKET STREET
SUITE 2600
WILMINGTON, DE 19801**

Mailing Address
**419 SOUTH SECOND STREET
NEW MARKET, STE. 206
PHILADELPHIA, PA 19147**

DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
23-3007560

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MUNROE, W. BRADLEY ESQ.
239 EAST VIRGINIA STREET
TALLAHASSEE, FL 32301**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHAW, ALAN 1 TANBARK COURT VOORHEES, NJ 08043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PICCOLI, GEORGE J SR. 16 SOUTH DERBY AVENUE VENTNOR, NJ 08406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TINSLEY III, JOHN 630 RAVEN CIR CAMDEN WYOMING, DE 19934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDT MISENHEIMER, TONY 841 SILVERLAKE BLVD., STE 201 RODNEY BLDG DOVER, DE 19904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DONHAUSER, GEORGE 137 GLADE CIRCLE WEST REHOBOTH BEACH, DE 19971
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

ALAN E. SHAW

1/17/06
Date

Daytime Phone # _____