

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004799

FILED
Jan 29, 2008
Secretary of State

Entity Name: INS REGULATORY INSURANCE SERVICES, INC.

Current Principal Place of Business:

919 MARKET STREET
SUITE 2600
WILMINGTON, DE 19801

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 23-3007560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNROE, W. BRADLEY ESQ.
239 EAST VIRGINIA STREET
TALLAHASSEE, FL 32301 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: PD () Delete
Name: SHAW, ALAN
Address: 1 TANBARK COURT
City-St-Zip: VOORHEES, NJ 08043

Title: VD () Delete
Name: PICCOLI, GEORGE J SR.
Address: 16 SOUTH DERBY AVENUE
City-St-Zip: VENTNOR, NJ 08406

Title: VD () Delete
Name: TINSLEY III, JOHN
Address: 630 RAVEN CIR
City-St-Zip: CAMDEN WYOMING, DE 19934

Title: VDT () Delete
Name: MISENHEIMER, TONY
Address: 841 SILVERLAKE BLVD., STE 201 RODNEY BLDG
City-St-Zip: DOVER, DE 19904

Title: SD () Delete
Name: DONHAUSER, GEORG
Address: 137 GLADE CIRCLE WEST
City-St-Zip: REHOBOTH BEACH, DE 19971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: SD (X) Change () Addition
Name: DONHAUSER, GEORGE
Address: 137 GLADE CIRCLE WEST
City-St-Zip: REHOBOTH BEACH, DE 19971

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: DENNIS MEHIGAN

CPA

01/29/2008

Electronic Signature of Signing Officer or Director

_____ Date