2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# F99000004799

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, GEORGE	
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:	( ) 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: DENNIS MEHIGAN CPA 03/05/2009

Electronic Signature of Signing Officer or Director — Date