2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State
01-16-2007 90183 003 ***150.00

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1. Entity Name
NATIONAL INSURANCE SERVICES OF WISCONSIN, INC.

40002121

01082007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
250 SOUTH EXECUTIVE DR. 300 BROOKFIELD, WI 53005-4273	250 SOUTH EXECUTIVE DR. 300 BROOKFIELD, WI 53005-4273

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.: SUITE 300	Suite, Apt. #, etc.: SUITE 300
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 39-1258067 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C BRISCOE, TERRY 7165 SOUTH WOELFEL RD. FRANKLIN, WI 53132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 250 S EXECUTIVE DR SUITE 300 BROOKFIELD WI 53005-4273
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MILLER, BRUCE 1335 MILWAUKEE ST DELAFIELD, WI 53018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EHRSAM, THOMAS W325 N7212 CLEARWATER COURT HARTLAND, WI 53029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS BRISCOE, SCOTT 14950 WEST SAN MATEO DRIVE NEW BERLIN, WI 53151	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV EHRSAM, HENRY 250 SOUTH EXECUTIVE DR. BROOKFIELD, WI 53005	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 250 S EXECUTIVE DR SUITE 300 BROOKFIELD WI 53005-4273
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT NORTON, DAVID 250 SOUTH EXECUTIVE DR. BROOKFIELD, WI 530054273	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 250 S EXECUTIVE DR SUITE 300

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 all other like empowered.

SIGNATURE: _____ Scott Briscoe 1-11-07 (262)780-1209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

40002121

#F99000006080

10. Officers and Directors------Continued

Title:	DV
Name:	Stephanie Laudon
Street Address:	250 S Executive Dr Suite 300
City-ST-Zip:	Brookfield WI 53005

Title:	V
Name:	Frank Lauck
Street Address:	250 S Executive Dr Suite 300
City-ST-Zip:	Brookfield WI 53005