2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000037103

Entity Name: U. S. INSURANCE SERVICES, INC.

FILED Oct 22, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2000 ART MUSEUM DRIVE JACKSONVILLE, FL 32207 US

Current Mailing Address: New Mailing Address:

PO BOX 47000 JACKSONVILLE, FL 322477000 US

FEI Number: 59-3717622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FISHER, TOUSEY, LEAS & BALL, P.A.

818 N. A1A

SUITE 104

PONTE VEDRA BEACH, FL 32082 US

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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: KAREN M DYER 10/22/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 COOPER, MARK A

 Address:
 2000 ART MUSEUM DR

 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: CHR

 Name:
 COOPER, MARK A

 Address:
 2000 ART MUSEUM DR

 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: VTD

 Name:
 HALL, RONALD R

 Address:
 2000 ART MUSEUM DR

 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: VD

 Name:
 PLACE, DYLAN P

 Address:
 2000 ART MUSEUM DR

 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: SEC

 Name:
 CAMA, CHRISTINA B

 Address:
 2000 ART MUSEUM DR

 City-St-Zip:
 JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINA B CAMA SEC 10/22/2010