


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P02484 1. Entity Name INVESTORS INSURANCE CORPORATION	
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Principal Place of Business 8380 BAYMEADOWS RD STE 12 JACKSONVILLE, FL 32256 US	Mailing Address P.O. BOX 56050 JACKSONVILLE, FL 32241-6050 US
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DO NOT WRITE IN THIS SPACE

01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 93-0465369	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, SUSAN F
8380 BAYMEADOWS RD
STE 12
JACKSONVILLE, FL 32256

DO NOT WRITE 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 *Susan F. Powell* (NOTE: Registered Agent signature required when reinstating) DATE 1/12/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000596932 01/24/07-80016-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD CORCOS, YVES 15305 DALLAS PKWY., #700 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT BRILL, JOHN M 15305 DALLAS PARKWAY #700 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSGC VERNE, MAXINE H 199 WATER STREET, 21ST FL NEW YORK, NY 100383530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD POWELL, SUSAN F 3030 HARTLEY RD #390 JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACS TELLES, LUCY 15305 DALLAS PKWY 700 ADDISON, TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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 all other like empowered.

SIGNATURE: *Susan F. Powell* Susan F. Powell 1/12/07 904-260-6790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #