

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000027195

FILED
Jul 30, 2008
Secretary of State

Entity Name: INVESTORS SPECIALTY INSURANCE, INC.

Current Principal Place of Business:

ONE PURLIEU PLACE, SUITE 210
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

ONE PURLIEU PLACE, SUITE 210
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 13-4244213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSSELLO, JR., THOMAS
ONE PURLIEU PLACE, SUITE 210
WINTER PARK, FL 32792 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

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: ROSSELLO, THOMAS
Address: ONE PURLIEU PLACE, SUITE 210
City-St-Zip: WINTER PARK, FL 32792

Title: D (X) Delete
Name: PARRETT, JOHN E
Address: ONE PURLIEU PLACE, SUITE 210
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: ROSSELLO, THOMAS
Address: ONE PURLIEU PLACE, SUITE 210
City-St-Zip: WINTER PARK, FL 32792

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: THOMAS ROSSELLO, JR.

PRES

07/30/2008

Electronic Signature of Signing Officer or Director

Date