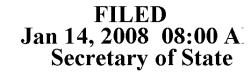
2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000143395 1. Entity Name P.S. INSURANCE HOLDINGS, INC. Principal Place of Business Mailing Address





C/O BRUCE SCHWARZ 2404 CORNERSTONE WESTLAKE, OH 44145

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01112008 No Chg-P CR2E034 (11/05)

4. FEI Numbe	er		Applied For
04-383	4468	 	Not Applicable
5. Certificate	of Status Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

SCHAURZ, BRUCE 5561 UNNERSITY DR **SUITE 103**

CORAL SI	PRINGS, FL 33067		IN THIS SPACE				
8 The above	named entity submits this statement for the purpose of changing its	registered office or registered expert, or both	in the State of Elevide. Lam familiar with and accept				
the obligat	ions of registered agent.	registered where a registered agent, or both	, in the State of Folica. Familiar with, and decept				
0,011110112		: Registered Agent signature required when reinstating)	DATE				
FIL After M	e NOWIII FEE IS \$150.00 g. Election Campai Trust Fund Control						
10.	OFFICERS AND DIRECTORS		provide Training to a visit of				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLERAN, BRIAN C/O SCHWARZ, 2404 CORNERSTONE WESTLAKE, OH 44145		μοροφογοζίνου				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SCHWARZ, BRUCE 2404 CORNERSTONE WESTLAKE, OH 44145		000000784491 01/16/08-80057-007-450.00				
TITLE NAME SIREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		INT	HIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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 path; 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:	Brun C. Sound	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR	DIREC