## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P10029

FILED Jan 05, 2009 Secretary of State

Entity Name: INVESTORS CONSOLIDATED INSURANCE COMPANY

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
6 LOUDON CONCORI	N RD D, NH 03301				
Current Mailing Address:			New Maili	New Mailing Address:	
10700 NOF	RTHWEST FR	FFWAY			
3RD FLOC		US			
FEI Number:	: 56-1090947	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
200 E GAII	IANCIAL OFFI NES ST SSEE, FL 3239				
	named entity see of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Can	ກpaign Financing	g Trust Fund Contribution ( ).			
OFFICERS	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BLAKEY, LEE A	VEST FREEWAY, THIRD FLOOR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DC () HARRIS, DAVIE 2727 ALLEN PA HOUSTON, TX	ARKWAY 500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PDT () GEORGE, DAN 2727 ALLEN PA HOUSTON, TX	RKWAY 500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RAINEY, MARY	EWAY 3RD FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCGETTIGAN,	ARKWAY, SUITE 500	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LAMB, KENT W	ARKWAY, SUITE 500	Title: Name: Address: City-St-Zip:	OD (X) Change ( ) Addition LAMB, KENT W 2727 ALLEN PARKWAY, SUITE 500 HOUSTON, TX 77019 US	

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: MARY LOU RAINEY

VP/S

01/05/2009