2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2010
Secretary of State

DOCUMENT# P37572

Entity Name: NATIONAL INSURANCE CRIME BUREAU, INC.

Current Principal Place of Business:

1111 E. TOUHY AVENUE
SUITE 400
DES PLAINES, IL 60018

New Principal Place of Business:

Current Mailing Address:

1111 E. TOUHY AVENUE
SUITE 400
DES PLAINES, IL 60018

New Mailing Address:

FEI Number: 36-3776789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CEO
Name: WEHRLE, JOSEPH H
Address: 1111 E. TOUHY AVENUE, SUITE 400
City-St-Zip: DES PLAINES, IL 60018

Title: CFO
Name: JACHNICKI, ROBERT J
Address: 1111 E. TOUHY AVENUE, SUITE 400
City-St-Zip: DES PLAINES, IL 60018

Title: SVP
Name: MASON, ROBERT H
Address: 1111 E. TOUHY AVENUE, SUITE 400
City-St-Zip: DES PLAINES, IL 60018

Title: CIO
Name: ABBOTT, DANIEL G
Address: 1111 E. TOUHY AVENUE, SUITE 400
City-St-Zip: DES PLAINES, IL 60018

Title: COO
Name: SCHWEITZER, JAMES K
Address: 1111 E. TOUHY AVENUE, SUITE 400
City-St-Zip: DES PLAINES, IL 60018

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT H. MASON SVP 01/08/2010

Electronic Signature of Signing Officer or Director — Date