

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S75052

FILED
Apr 26, 2005
Secretary of State

Entity Name: INSURANCE MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

801 94TH AVE NORTH
SAINT PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

801 94TH AVE N
SAINT PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 59-3111643 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 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: MUMA, LESLIE M
Address: 255 FISERV DRIVE
City-St-Zip: BROOKFIELD, WI 53045

Title: P () Delete
Name: O'KEEFFE, JOSEPH
Address: 801 94TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VP () Delete
Name: JENSEN, KENNETH R
Address: 255 FISERV DRIVE
City-St-Zip: BROOKFIELD, WI 53045

Title: S () Delete
Name: SPRAGUE, CHARLES W
Address: 255 FISERV DRIVE
City-St-Zip: BROOKFIELD, WI 53045

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LUND, CURTIS M
Address: 555 CORPORATE DRIVE
City-St-Zip: KALISPELL, MT 59901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: COPE, CLAUDETTE
Address: 801 94TH AVE N
City-St-Zip: ST PETERSBURGH, FL 33702

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARLES W. SPRAGUE

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04/26/2005

Electronic Signature of Signing Officer or Director

Date