

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S75052

FILED
Oct 19, 2006
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:

555 CORPORATE DRIVE
KALISPELL, MT 59901 US

Current Mailing Address:

801 94TH AVE N
SAINT PETERSBURG, FL 33702 US

New Mailing Address:

255 FISERV DRIVE
BROOKFIELD, WI 53045 US

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: KIM PETERS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: LUND, CURTIS M
Address: 555 CORPORATE DRIVE
City-St-Zip: KALISPELL, MT 59901

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: YABUKI, JEFFERY W
Address: 255 FISERV DRIVE
City-St-Zip: BROOKFIELD, WI 53045

Title: P (X) Change () Addition
Name: JONES, P. MICHAEL
Address: 555 CORPORATE DRIVE
City-St-Zip: KALISPELL, MT 59901

Title: VP T (X) Change () Addition
Name: HIRSCHQ, THOMAS J
Address: 255 FISERV DRIVE
City-St-Zip: BROOKFIELD, WI 53045

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

Title: VP (X) Change () Addition
Name: SATHER, ELAINE
Address: 555 CORPORATE DRIVE
City-St-Zip: KALISPELL, MT 59901

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES W. SPRAGUE

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10/19/2006

Electronic Signature of Signing Officer or Director

Date