


**FOR PROFIT CORPORATION,  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90209 047 \*\*\*150.00

<b>DOCUMENT # V12361</b>	
1. Entity Name <b>NAL INSURANCE SERVICES, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>11825 N. PENNSYLVANIA ST.</b>		3. Mailing Address <b>11815 N. PENNSYLVANIA ST.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>CARMEL, IN</b>		City & State <b>CARMEL, IN</b>	
Zip <b>46032</b>	Country	Zip <b>46032</b>	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>65-0326597</b>		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <b>CT CORPORATION SYSTEM</b>		
Street Address (P.O. Box Number is Not Acceptable)			
<b>1200 SOUTH PINE ISLAND RD.</b>			
City <b>PLANTATION</b>			FL Zip Code <b>33324</b>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
PTD JAMES J. LARKIN 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032			
SVP WILLIAM T. DEVANNEY, JR. 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032			
S RICHARD R. DYKHOUSE 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032			
			<b>DO NOT WRITE IN THIS SPACE</b>

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard R. Dykhouse RICHARD R. DYKHOUSE 4-8-03 317-817-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)