2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2013
Secretary of State
CC8165169171

DOCUMENT# F06000006228

Entity Name: DIVERSIFIED INSURANCE SERVICES, INC.

Current Principal Place of Business:

100 N. CORPORATE DRIVE
SUITE 100
BROOKFIELD, WI 53045

Current Mailing Address:

100 N. CORPORATE DRIVE
SUITE 100
BROOKFIELD, WI 53045

FEI Number: 39-1403176

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Officer/Director Detail :

Title	T	Title	VP
Name	MCCORMACK, JAMES E	Name	HANSEN, RAYMOND
Address	100 N. CORPORATE DRIVE	Address	100 N. CORPORATE DRIVE
City-State-Zip:	BROOKFIELD WI 53045	City-State-Zip:	BROOKFIELD WI 53045
Title	VP	Title	CEO
Name	STARK, DAVID R	Name	SOWINSKI, ROBERT
Address	100 N. CORPORATE DRIVE	Address	100 N. CORPORATE DRIVE
City-State-Zip:	BROOKFIELD WI 53045	City-State-Zip:	BROOKFIELD WI 53045
Title	P	Title	P
Name	LIE, CHRISTIAN	Name	JOCZ, THOMAS
Address	100 N. CORPORATE DRIVE	Address	100 N. CORPORATE DRIVE
City-State-Zip:	BROOKFIELD WI 53045	City-State-Zip:	BROOKFIELD WI 53045

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

SIGNATURE: JAMES E. MCCORMACK CHAIRMAN 01/23/2013

Electronic Signature of Signing Officer/Director Detail — Date