2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2014
Secretary of State
CC0912826389

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Entity Name: DIVERSIFIED INSURANCE SOLUTIONS OF WISCONSIN, 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
Name	MCCORMACK, JAMES E
Address	100 N. CORPORATE DRIVE
City-State-Zip:	BROOKFIELD WI 53045

Title	VP
Name	HANSEN, RAYMOND
Address	100 N. CORPORATE DRIVE
City-State-Zip:	BROOKFIELD WI 53045

Title	VP
Name	STARK, DAVID R
Address	100 N. CORPORATE DRIVE
City-State-Zip:	BROOKFIELD WI 53045

Title	CEO
Name	SOWINSKI, ROBERT
Address	100 N. CORPORATE DRIVE
City-State-Zip:	BROOKFIELD WI 53045

Title	P
Name	LIE, CHRISTIAN
Address	100 N. CORPORATE DRIVE
City-State-Zip:	BROOKFIELD WI 53045

Title	P
Name	JOCZ, THOMAS
Address	100 N. CORPORATE DRIVE
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 01/07/2014

Electronic Signature of Signing Officer/Director Detail — Date