

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000007676

**Entity Name:** ISB INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

31384 FM 2920  
SUITE B  
WALLER, TX 77484

**Current Mailing Address:**

31384 FM 2920  
SUITE B  
WALLER, TX 77484 US

**FEI Number:** 74-2978832

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HATCH, JOHN D  
1267 BERKSHIRE LANE SUITE 200  
TARPON SPRINGS, FL 34688 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            PRESIDENT  
Name            LINDEMANN, JAMES  
Address        16886 FORDTRAN BLVD.  
City-State-Zip: INDUSTRY TX 78944

Title            PD  
Name            LINDEMANN, JAMES E  
Address        POST OFFICE BOX 218  
City-State-Zip: INDUSTRY TX 78944

Title            STD  
Name            MIETH,JR., ERVIN A  
Address        22731 FM 1094  
City-State-Zip: NEW ULM TX 78950

Title            EVPD  
Name            RUDLOFF, RONALD L  
Address        12603 RIFLEMAN TRAIL  
City-State-Zip: CYPRESS TX 77429

*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:** RONALD RUDLOFF

**EVP**

**01/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date