

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007676

FILED
Feb 25, 2009
Secretary of State

Entity Name: ISB INSURANCE SERVICES, INC.

Current Principal Place of Business:

7600 WEST TIDWELL
SUITE 808
HOUSTON, TX 77040 US

New Principal Place of Business:

Current Mailing Address:

7600 WEST TIDWELL
SUITE 808
HOUSTON, TX 77040 US

New Mailing Address:

FEI Number: 74-2978832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, JOHN D
1267 BERKSHIRE LANE SUITE 200
TARPON SPRINGS, FL 34688 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: INDUSTRY STATE BANK,
Address: 16886 FORDTRAN BLVD.
City-St-Zip: INDUSTRY, TX 78944 US

Title: PD () Delete
Name: LINDEMANN, JAMES E
Address: POST OFFICE BOX 218
City-St-Zip: INDUSTRY, TX 78944 US

Title: STD () Delete
Name: MIETH, JR., ERVIN A
Address: 22731 FM 1094
City-St-Zip: NEW ULM, TX 78950 US

Title: EVPD () Delete
Name: RUDLOFF, RONALD L
Address: 12603 RIFLEMAN TRAIL
City-St-Zip: CYPRESS, TX 77429 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RONALD L RUDLOFF

EVP

02/25/2009

Electronic Signature of Signing Officer or Director

_____ Date