


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

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

04-17-2003 90209 047 ***150.00

DOCUMENT # V12361
1. Entity Name
NAL INSURANCE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11825 N. PENNSYLVANIA ST.
Suite, Apt. #, etc.

3. Mailing Address
11815 N. PENNSYLVANIA ST.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CARMEL, IN

City & State
CARMEL, IN

4. FEI Number 65-0326597 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip 46032 Country Zip 46032 Country

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND RD.

City PLANTATION FL Zip Code 33324

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD JAMES J. LARKIN 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP WILLIAM T. DEVANNEY, JR. 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RICHARD R. DYKHOUSE 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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. Dykhous 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)