2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000873

FILED Apr 28, 2009 Secretary of State

Entity Name: ACORD GLOBAL INSURANCE STANDARDS CORPORATION

Current Principal Place of Business: New Principal Place of Business: 2 BLUE HILL PLAZA, 3RD FL PEARL RIVER, NY 10965 **Current Mailing Address: New Mailing Address:** 2 BLUE HILL PLAZA PO BOX 1529 PEARL RIVER, NY 10965 FEI Number: 13-2940919 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MACIAG, GREGORY MACIAG, GREGORY A Name: Name: 2 BLUE HILL PLAZA Address: 2 BLUE HILL PLAZA Address: City-St-Zip: PEARL RIVER, NY 10965 City-St-Zip: PEARL RIVER, NY 10965 Title: VS () Delete Title: VS (X) Change () Addition BEL, GARY Name: BEL, GARY L Name: Address: 2 BLUE HILL PLAZA Address: 2 BLUE HILL PLAZA City-St-Zip: PEARL RIVER, NY 10965 City-St-Zip: PEARL RIVER, NY 10965 Title: () Delete Title: (X) Change () Addition KOSTER, BARBARA LEONARD, JOHN Name: Name: Address: 2 BLUE HILL PLAZA Address: 2 BLUE HILL PLAZA City-St-Zip: PEARL RIVER, NY 10965 City-St-Zip: PEARL RIVER, NY 10965 Title: () Delete Title: (X) Change () Addition KELLINGTON, JOHN S Name: KELLINGTON, JOHN Name: Address: 2 BLUE HILL PLAZA Address: 2 BLUE HILL PLAZA City-St-Zip: PEARL RIVER, NY 10965 City-St-Zip: PEARL RIVER, NY 10965 Title: () Delete Title: () Change (X) Addition GILMAN, RICHARD G Name: Name: 2 BLUE HILL PLAZA Address: Address: City-St-Zip: City-St-Zip: PEARL RIVER, NY 1965 Title: () Delete Title: () Change (X) Addition CHUMBLEY, LLOYD A Name: Name: Address: Address: 2 BLUE HILL PLAZA PEARL RIVER, NY 10965 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY MACIAG PD 04/28/2009