2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# 531421

Entity Name: ZURICH INSURANCE SERVICES, INC.

Current Principal Place of Business:

5011 GATE PKWY
STE 150
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

5011 GATE PKWY
STE 150
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 62-0999305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWARD, ALAN
14 EAST BAY STREET
JACKSONVILLE, FL 32202 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:	CD	( ) Delete
Name:	THOMAS F. PETWAY, IV,	
Address:	5011 GATE PKWY STE 150	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	TD	( ) Delete
Name:	PETWAY, T. F. III,	
Address:	5011 GATE PKWY STE 150	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	FERGUSON, LEE A.,	
Address:	2069 BEACH AVENUE	
City-St-Zip:	JACKSONVILLE, FL 32233	
Title:	D	( ) Delete
Name:	PEETERS, STEVEN J	
Address:	5011 GATE PKWY STE 150	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	SD	( ) Delete
Name:	EMANS, CHRISTOPHER F	
Address:	5011 GATE PKWY STE 150	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	PD	(X) Delete
Name:	CASTRANOVA, ROBERT J	
Address:	5011 GATE PKWY STE 150	
City-St-Zip:	JACKSONVILLE, FL 32256	

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:	PD	(X) Change ( ) Addition
Name:	PEETERS, STEVEN J	
Address:	5011 GATE PKWY STE 150	
City-St-Zip:	JACKSONVILLE, FL 32256	
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: CHRISTOPHER F. EMANS SD 01/08/2008

Electronic Signature of Signing Officer or Director — Date