

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90078 008 ***150.00

DOCUMENT # 845725

1. Entity Name
MARKEL SERVICE, INCORPORATED



Principal Place of Business
**4521 HIGHWOODS PARKWAY
GLEN ALLEN, VA 23060**

Mailing Address
**4521 HIGHWOODS PKWY
GLEN ALLEN, VA 23060**

DO NOT WRITE IN THIS SPACE



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number:
54-1127130

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VCD
NAME	MARKEL, STEVEN A
STREET ADDRESS	217 CULPEPER ROAD
CITY-ST-ZIP	RICHMOND, VA
TITLE	VP
NAME	KAY, BRUCE A.
STREET ADDRESS	4521 HIGHWOODS PKWY
CITY-ST-ZIP	GLEN ALLEN, VA
TITLE	PD
NAME	MARKEL, ANTHONY F
STREET ADDRESS	568 ICE POND COVE
CITY-ST-ZIP	MONAKON SABET, VA 23103
TITLE	AS
NAME	CHILDRESS, BARBARA JEAN
STREET ADDRESS	407 NORTH IVY AVENUE
CITY-ST-ZIP	HIGHLAND SPRINGS, VA 23075
TITLE	CD
NAME	WHITT, RICHARD R III
STREET ADDRESS	4521 HIGHWOODS PKWY
CITY-ST-ZIP	GLEN ALLEN, VA 23060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Jean Childress Barbara Jean Childress, Asst. Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/07

804 965 1745