
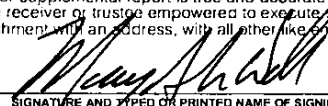


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90205 006 \*\*\*150.00

<b>DOCUMENT # 845725</b> 1. Entity Name <b>MARKEL SERVICE, INCORPORATED</b>					
Principal Place of Business <b>4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060</b>			Mailing Address <b>4521 HIGHWOODS PKWY GLEN ALLEN, VA 23060</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>54-1127130</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD MARKEL, STEVEN A 217 CULPEPER ROAD RICHMOND, VA</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KAY, BRUCE A. 4521 HIGHWOODS PKWY GLEN ALLEN, VA</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARKEL, ANTHONY F 568 ICE POND COVE MONAKON SABET, VA 23103</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS CHILDRESS, BARBARA JEAN 407 NORTH IVY AVENUE HIGHLAND SPRINGS, VA 23075</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD WHITT, RICHARD R III 4521 HIGHWOODS PKWY GLEN ALLEN, VA 23060</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Waller, Mary Allen 4600 Cox Road Glen Allen, VA 23060</b>				
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.					
<b>SIGNATURE:</b>  <b>Mary Allen Waller, Treasurer</b> <span style="float: right;">2/15/08 804-527-2700</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					