

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003801

FILED
Apr 27, 2007
Secretary of State

Entity Name: GEO VERA SPECIALTY INSURANCE SERVICES, INC.

Current Principal Place of Business:

4820 BUSINESS CENTER DRIVE
SUITE 220
FAIRFIELD, CA 94534

New Principal Place of Business:

Current Mailing Address:

4820 BUSINESS CENTER DRIVE
SUITE 220
FAIRFIELD, CA 94534

New Mailing Address:

FEI Number: 52-1958842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: BEHRENDT, TIM
Address: 4820 BUSINESS CENTER DRIVE, SUITE 200
City-St-Zip: FAIRFIELD, CA 94534

Title: VD () Delete
Name: ALBERTSON, FRANK
Address: 4820 BUSINESS CENTER DRIVE, SUITE 200
City-St-Zip: FAIRFIELD, CA 94534

Title: SD () Delete
Name: QUINN, ROSEMARY
Address: 1340 SMITH AVENUE
City-St-Zip: BALTIMORE, MD 21209

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KEVIN, NISH
Address: 4820 BUSINESS CENTER DRIVE, SUITE 200
City-St-Zip: FAIRFIELD, CA 94534

Title: COOD (X) Change () Addition
Name: KAREN, PADOVESE
Address: 4820 BUSINESS CENTER DRIVE, SUITE 200
City-St-Zip: FAIRFIELD, CA 94534

Title: GCS (X) Change () Addition
Name: MICHAEL, ZUKERMAN
Address: 4820 BUSINESS CENTER DRIVE, SUITE 200
City-St-Zip: FAIRFIELD, CA 94534

Title: AS () Change (X) Addition
Name: JILL, MORRAH
Address: 4820 BUSINESS CENTER DRIVE, SUITE 200
City-St-Zip: FAIRFIELD, CA 94534

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: JILL MORRAH

AS

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date