2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# F01000003801

Entity Name: GEO VERA SPECIALTY INSURANCE SERVICES, INC.

Current Principal Place of Business:

4820 BUSINESS CENTER DRIVE
SUITE 200
FAIRFIELD, CA 94534

New Principal Place of Business:

Current Mailing Address:

4820 BUSINESS CENTER DRIVE
SUITE 200
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:	KEVIN, NISH	
Address:	4820 BUSINESS CENTER DRIVE, SUITE 200	
City-St-Zip:	FAIRFIELD, CA 94534	
Title:	SVPD	( ) Delete
Name:	KAREN, PADOVESE	
Address:	4820 BUSINESS CENTER DRIVE, SUITE 200	
City-St-Zip:	FAIRFIELD, CA 94534	
Title:	GCSD	( ) Delete
Name:	MICHAEL, ZUKERMAN	
Address:	4820 BUSINESS CENTER DRIVE, SUITE 200	
City-St-Zip:	FAIRFIELD, CA 94534	
Title:	AS	( ) Delete
Name:	JILL, MORRAH	
Address:	4820 BUSINESS CENTER DRIVE, SUITE 200	
City-St-Zip:	FAIRFIELD, CA 94534	
Title:	SVPD	( ) Delete
Name:	BRIAN, SHEEKEY T	
Address:	4820 BUSINESS CENTER DRIVE #200	
City-St-Zip:	FAIRFIELD, CA 94534	

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:	( ) 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: JILL MORRAH AS 04/13/2009

Electronic Signature of Signing Officer or Director — Date