2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
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

OFFICERS AND DIRECTORS:

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

Title: SVPD
Name: KAREN, PADOVESE
Address: 4820 BUSINESS CENTER DRIVE, SUITE 200
City-St-Zip: FAIRFIELD, CA 94534

Title: GCSD
Name: MICHAEL, ZUKERMAN
Address: 4820 BUSINESS CENTER DRIVE, SUITE 200
City-St-Zip: FAIRFIELD, CA 94534

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

Title: SVPD
Name: BRIAN, SHEEKEY T
Address: 4820 BUSINESS CENTER DRIVE #200
City-St-Zip: FAIRFIELD, CA 94534

I hereby 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 all other like empowered.

SIGNATURE: JILL MORRAH   AS   04/29/2011

Electronic Signature of Signing Officer or Director   Date