

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000191

FILED
Mar 17, 2006
Secretary of State

Entity Name: GEOVERA INSURANCE COMPANY

Current Principal Place of Business:

111 SCHILLING ROAD
HUNT VALLEY, MD 21031

New Principal Place of Business:

4820 BUSINESS CENTER DRIVE
SUITE 200
FAIRFIELD, CA 94534

Current Mailing Address:

385 WASHINGTON STREET
ST PAUL, MN 55102

New Mailing Address:

4820 BUSINESS CENTER DRIVE
SUITE 200
FAIRFIELD, CA 94534

FEI Number: 52-2029259

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: P () Delete
Name: PADOVESE, KAREN MARIE
Address: 4820 BUSINESS CENTER DRIVE, SUITE 200
City-St-Zip: FAIRFIELD, CA 94534

Title: S () Delete
Name: BACKBERG, BRUCE ALLEN
Address: 385 WASHINGTON STREET
City-St-Zip: ST PAUL, MN 55102

Title: T () Delete
Name: RUSSELL, DOUGLAS K
Address: ONE TOWER SQUARE
City-St-Zip: HARTFORD, CT 06183

Title: C (X) Delete
Name: MILLER, TIMOTHY M
Address: 385 WASHINGTON STREET
City-St-Zip: ST PAUL, MN 55102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: QUINN, ROSEMARY
Address: 1340 SMITH AVENUE
City-St-Zip: BALTIMORE, MD 21209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARY QUINN

VP

03/17/2006

Electronic Signature of Signing Officer or Director

Date