

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000191

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: GEOVERA INSURANCE COMPANY

## 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: 52-2029259

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

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

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

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

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 617, 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