
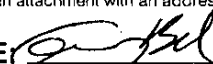


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90224 023 ****61.25

DOCUMENT # F06000000873					
1. Entity Name ACORD GLOBAL INSURANCE STANDARDS CORPORATION					
Principal Place of Business 2 BLUE HILL PLAZA, 3RD FL PEARL RIVER, NY 10965			Mailing Address 2 BLUE HILL PLAZA PO BOX 1529 PEARL RIVER, NY 10965		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-2940919	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME MACIAG, GREGORY STREET ADDRESS 2 BLUE HILL PLAZA CITY-ST-ZIP PEARL RIVER, NY 10965	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME BEL, GARY STREET ADDRESS 2 BLUE HILL PLAZA CITY-ST-ZIP PEARL RIVER, NY 10965	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KOSTER, BARBARA STREET ADDRESS 2 BLUE HILL PLAZA CITY-ST-ZIP PEARL RIVER, NY 10965	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KELLINGTON, JOHN STREET ADDRESS 2 BLUE HILL PLAZA CITY-ST-ZIP PEARL RIVER, NY 10965	<input type="checkbox"/> Delete		TITLE ✓ NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME DUDLEY, RONALD STREET ADDRESS 2 BLUE HILL PLAZA 3RD FLOOR CITY-ST-ZIP PEARL RIVER, NY 109658529	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME GARTH, DENISE STREET ADDRESS 2 BLUE HILL PLAZA 3RD FLOOR CITY-ST-ZIP PEARL RIVER, NY 109658529	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE  Gary Bel			Date <u>4/29/08</u> Daytime Phone # <u>845-620-1700</u>		

ATTACHMENT

40090454

ACORD Global Insurance Standards Corporation

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2008 ACORD Directors

D Beerli, Andreas
D Blakeman, Lawrence
D Bloom, William
D Booth, Clem
D Branca, Sal
D Brandon, Larry
D Chu, John
D Drewry, June
D Findley, David
D Fogarty, Andrew
D Janssen, Rainer
D Koster, Barbara
D Langley, Sue
C Leonard, John
D Mahoney, Dennis
D Matanle, Steve
D Pieroni, Bill
D Savino, Keith
D Scampas, Jeanette
D Slocum, Robert
D Van Dusen, George
D Van Osdall, John

P/D Maciag, Gregory

Address for all directors:

PO Box 1529
Two Blue Hill Plaza 3rd Floor
Pearl River, New York 10965-8529

ATTACHMENT

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ACORD Global Insurance Standards Corporation
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2008 Additional ACORD Officer:

V
Richard Gilman

Address for additional officer:

PO Box 1529
Two Blue Hill Plaza 3rd Floor
Pearl River, New York 10965-8529