

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001717

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: ESSEX NATIONAL INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

550 GATEWAY DRIVE  
SUITE 210  
NAPA, CA 94558

**New Principal Place of Business:**

**Current Mailing Address:**

550 GATEWAY DRIVE  
SUITE 210  
NAPA, CA 94558

**New Mailing Address:**

FEI Number: 13-4048160      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 32301      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: PCEO ( ) Delete  
Name: DAVIS, SCOTT K  
Address: 550 GATEWAY DRIVE, SUITE 210  
City-St-Zip: NAPA, CA 94558

Title: D ( ) Delete  
Name: DAVIS, SCOTT K  
Address: 550 GATEWAY DRIVE, SUITE 210  
City-St-Zip: NAPA, NY 94558

Title: S ( ) Delete  
Name: GEDDES, MARGARET  
Address: 550 GATEWAY DRIVE, SUITE 210  
City-St-Zip: NAPA, CA 945558

Title: SVPT ( ) Delete  
Name: COONEY, JOHN M  
Address: 550 GATEWAY DRIVE, SUITE 210  
City-St-Zip: NAPA, CA 94558

Title: SVP ( ) Delete  
Name: WADE, WILLIAM N  
Address: 101 BRADFORD RD. SUITE 200  
City-St-Zip: WEXFORD, PA 15044

Title: SVP ( ) Delete  
Name: WARREN, GEDDES  
Address: 550 GATEWAY DRIVE, SUITE 210  
City-St-Zip: NAPA, CA 94558

**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:

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: MARGARET GEDDES

S

02/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date