

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001891

FILED
Feb 26, 2008
Secretary of State

Entity Name: WS INSURANCE SERVICES, LLC

Current Principal Place of Business:

901 E. BYRD STREET
RICHMOND, VA 23219

New Principal Place of Business:

Current Mailing Address:

C/O CORPORATION SERVICE COMPANY
2711 CENTERVILLE RD., SUITE 400
WILMINGTON, DE 19808

New Mailing Address:

FEI Number: 54-0910269

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RANDA, RICHARD G
Address: 901 E. BYRD STREET, WS 6005
City-St-Zip: RICHMOND, VA 23219

Title: MGR () Delete
Name: VORLOP, ROBERT W
Address: 901 E. BYRD STREET, WS 6005
City-St-Zip: RICHMOND, VA 23219

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICHARD RANDA

MGR

02/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date