2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 19, 2007 8:00 am Secretary of State **DOCUMENT # P02000084900** 02-19-2007 90045 032 ***158.75 1. Entity Name KINSALE MANAGEMENT, INC. Principal Place of Business Mailing Address 40019713 1600 LEE ROAD 1600 LEE ROAD WINTER PARK, FL 32789 WINTER PARK, FL 32789 01102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2288467 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KISIO, P.A., JAMES DO NOT WRITE 555 SYLVAN WINTER PARK, FL 32789 IN THIS SPACE 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 - Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MURPHY, WILLIAM J NAME STREET ADDRESS 1600 LEE ROAD CITY-ST-ZIP WINTER PARK, FL 32789 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 peciever or trustee empowered to execute this report as required by Chapter 607, 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED