FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED, AND FILED

95 APR 28 PM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P20697** **(9)**

1. Corporation Name

DIAMOND STATE INSURANCE COMPANY INCORPORATED

Principal Place of Business	Mailing Address
THREE BALA PLAZA EAST, SUITE 300 BALA CYNWYD PA 19004	THREE BALA PLAZA EAST, SUITE 300 BALA CYNWYD PA 19004

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/30/1988

3a. Date of Last Report: 04/28/1994

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: 51-0257823 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
THE CAPITAL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☒ Addition
NAME	FREUDBERG, SETH	12 NAME	
STREET ADDRESS	3 BALA PLAZA EAST 3RD FL	13 STREET ADDRESS	
CITY-ST-ZIP	BALA CYNWYD PA	14 CITY-ST-ZIP	Bala Cynwyd, PA 19004
TITLE	S	21 TITLE	D ☒ Change ☐ Addition
NAME	BERGER, NORMAN M.	22 NAME	Berger, Norman M.
STREET ADDRESS	1818 MARKET ST	23 STREET ADDRESS	1818 Market Street
CITY-ST-ZIP	PHILADELPHIA PA	24 CITY-ST-ZIP	Philadelphia, PA 19103
TITLE	V	31 TITLE	2nd V.P. ☒ Change ☐ Addition
NAME	DURKIN, GERARD F.J.	32 NAME	Durkin, Gerard F.J.
STREET ADDRESS	3 BALA PLAZA EAST	33 STREET ADDRESS	3 Bala Plaza, East, 3rd Floor
CITY-ST-ZIP	BALA CYNWYD PA	34 CITY-ST-ZIP	Bala Cynwyd, PA 19004
TITLE	VASD	41 TITLE	☐ Change ☐ Addition
NAME	SLINGHOFF, CHARLES M	42 NAME	
STREET ADDRESS	181 S GULPH RD	43 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA	44 CITY-ST-ZIP	
TITLE	VAS	51 TITLE	☐ Change ☐ Addition
NAME	MARCH, RICHARD S	52 NAME	
STREET ADDRESS	3 BALA PLAZA EAST	53 STREET ADDRESS	
CITY-ST-ZIP	BALA CYNWYD PA	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/20/95 (610) 664-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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DIAMOND STATE INSURANCE COMPANY

CORPORATION ANNUAL REPORT - FLORIDA - 1995

12.

TITLE	NAMES OF OFFICERS AND DIRECTORS	STREET ADDRESS OF EACH OFFICER AND DIRECTOR	CITY & STATE ZIP
C/D	Freudberg, Raymond L.	3 Bala Plaza, East	Bala Cynwyd, PA 19004
V/D/AS	Tate, Kevin L.	3 Bala Plaza, East	Bala Cynwyd, PA 19004
V/AS	Yaglenski, John F.	181 S. Gulph Road	King of Prussia, PA 19406
D	Seidel, Robert B.	114 Ridgewood Road	Radnor, PA 19087
AV/T/AS	Kelleher, Daniel J.	3 Bala Plaza, East	Bala Cynwyd, PA 19004
AV	Kelly, William H.	3 Bala Plaza, East	Bala Cynwyd, PA 19004
V	Pawulack, Joanne S.	3 Bala Plaza, East	Bala Cynwyd, PA 19004
AV	Viola, Nicholas J.	3 Bala Plaza, East	Bala Cynwyd, PA 19004
AS	Kelemen, Gregory J.	181 S. Gulph Road	King of Prussia, PA 19406
S	Saionz, Lynne G.	3 Bala Plaza, East	Bala Cynwyd, PA 19004
2nd VP	Wilder, Gilbert A.	3 Bala Plaza, East	Bala Cynwyd, PA 19004
AV	Leahy, Kathleen M.	3 Bala Plaza, East	Bala Cynwyd, PA 19004
AV	Smith, John A.	3 Bala Plaza, East	Bala Cynwyd, PA 19004
D	Bell, Thomas D.	181 S. Gulph Road	King of Prussia, PA 19406
D	St. Clair, Talmage H.	1849 Sunday Drive	Indianapolis, IN 46217
D	Ball, Russell C.	181 S. Gulph Road	King of Prussia, PA 19406
D	Baney, John Edward	220 Ivy Lane	Haverford, PA 19041
AV	Conicello, Dominic A.	3 Bala Plaza, East	Bala Cynwyd, PA 19004
V	Freeston, John C.	3 Bala Plaza, East	Bala Cynwyd, PA 19004
V	Garcia, Joseph K.	3 Bala Plaza, East	Bala Cynwyd, PA 19004
V	Cohen, Robert	3 Bala Plaza, East	Bala Cynwyd, PA 19004

ABBREVIATIONS:

AV - Assistant Vice President
AS - Assistant Secretary
2nd VP - Second Vice President
C - Chairman of the Board