FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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 owes or has paid the current year intangible Personal Property Tax due June 30. ☑ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	V/T/AS	☐ Change ☒ Addition
NAME	FREUDBERG, SETH		1.2 NAME	Tate, Kevin L.	
STREET ADDRESS	3 BALA PLAZA EAST 3RD FL		1.3 STREET ADDRESS	3 Bala Plaza, Suite 300 East	
CITY-ST-ZIP	BALA CYNWYD PA		1.4 CITY-ST-ZIP	Bala Cynwyd, PA 19004	
TITLE	D	☐ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	BERGER, NORMAN M.		2.2 NAME	Gerber-Salonz, Lynne	
STREET ADDRESS	1818 MARKET STREET		2.3 STREET ADDRESS	3 Bala Plaza, Suite 300 East	
CITY-ST-ZIP	PHILIDELPHIA PA		2.4 CITY-ST-ZIP	Bala Cynwyd, PA 19004	
TITLE	VP	☐ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	DURKIN, GERARD		3.2 NAME	Dwyer, Timothy J.	
STREET ADDRESS	3 BALA PLAZA, EAST, 3RD FLOOR		3.3 STREET ADDRESS	3 Bala Plaza, Suite 300 East	
CITY-ST-ZIP	BALA CYNWYD PA		3.4 CITY-ST-ZIP	Bala Cynwyd, PA 1004	
TITLE	VASD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SLINGHOFF, CHARLES M		4.2 NAME		
STREET ADDRESS	181 S GULPH RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	KING OF PRUSSIA PA		4.4 CITY-ST-ZIP		
TITLE	VAS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARCH, RICHARD S		5.2 NAME		
STREET ADDRESS	3 BALA PLAZA EAST		5.3 STREET ADDRESS		
CITY-ST-ZIP	BALA CYNWYD PA		5.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WILDER, GILBERT A.		6.2 NAME		
STREET ADDRESS	3 BALA PLAZA EAST 3RD FLOOR		6.3 STREET ADDRESS		
CITY-ST-ZIP	BALA CYNWYD PA		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing 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: _____ 6/16/98 610-660-6812