

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90020 017 \*\*\*158.75

**DOCUMENT # P20697**

1. Corporation Name

**DIAMOND STATE INSURANCE COMPANY INCORPORATED**

Principal Place of Business

THREE BALA PLAZA EAST, SUITE 300  
BALA CYNWYD PA 19004

Mailing Address

THREE BALA PLAZA EAST, SUITE 300  
BALA CYNWYD PA 19004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/30/1988**

4. FEI Number

**51-0257823**

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

**\$8.75** Additional  
Fee Required -

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	FREUDBERG, SETH	3 BALA PLAZA EAST 3RD FL	BALA CYNWYD PA	<input type="checkbox"/>
D	BERGER, NORMAN M.	1818 MARKET STREET	PHILADELPHIA PA	<input type="checkbox"/>
VP	DURKIN, GERARD	3 BALA PLAZA, EAST, 3RD FLOOR	BALA CYNWYD PA	<input checked="" type="checkbox"/>
VASD	SLINGHOFF, CHARLES M	181 S GULPH RD	KING OF PRUSSIA PA	<input checked="" type="checkbox"/>
VAS	MARCH, RICHARD S	3 BALA PLAZA EAST	BALA CYNWYD PA	<input type="checkbox"/>
VTAS	TATE, KEVIN L	3 BALA PLAZA, SUITE 300 EAST	BALA CYNWD PA 19004	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

VP

Hart, Jerry

3 Bala Plaza East, Suite 300

Bala Cynwyd, PA 19004

DVPAS, Robert

Strouse, Robert

181 South Gulph Road

King of Prussia, PA 19406

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, with all other like empowered.

SIGNATURE:

Seth D. Freudberg  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(610) 664-1500  
Daytime Phone #

CR2E034 (11/98)

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