


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90055 008 \*\*\*150.00

<b>DOCUMENT # P20697</b> 1. Entity Name <b>DIAMOND STATE INSURANCE COMPANY</b>					
Principal Place of Business <b>THREE BALA PLAZA EAST, SUITE 300</b> <b>ATTN: TAX DEPARTMENT</b> <b>BALA CYNWYD, PA 19004</b>			Mailing Address <b>THREE BALA PLAZA EAST, SUITE 300</b> <b>ATTN: TAX DEPARTMENT</b> <b>BALA CYNWYD, PA 19004</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number <b>51-0257823</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CHIEF FINANCIAL OFFICER</b> <b>P O BOX 6200 (32314-6200)</b> <b>200 E. GAINES ST.</b> <b>TALLAHASSEE, FL 32399</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>FREUDBERG, SETH</b> <b>3 BALA PLAZA EAST 3RD FL</b> <b>BALA CYNWYD, PA</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Angelos J. Dassios</b> <b>950 Tower Lane, Suite 1150</b> <b>Foster City, CA 94404-2127</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BERGER, NORMAN M.</b> <b>1818 MARKET STREET</b> <b>PHILIDELPHIA, PA</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Saul Aaron Fox</b> <b>950 Tower Lane, Suite 1150</b> <b>Foster City, CA 94404-2127</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>HART, JERRY</b> <b>3 BALA PLAZA EAST, SUITE 300</b> <b>BALA CYNWYD, PA 19004</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Troy W. Thacker</b> <b>950 Tower Lane, Suite 1150</b> <b>Foster City, CA 94404-2127</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS <b>STROUSE, ROBERT</b> <b>555 CROTON RD, STE 300</b> <b>KING OF PRUSSIA, PA 19406</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS <b>MARCH, RICHARD S</b> <b>3 BALA PLAZA EAST</b> <b>BALA CYNWYD, PA</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS <b>TATE, KEVIN L</b> <b>3 BALA PLAZA, SUITE 300 EAST</b> <b>BALA CYNWD, PA 19004</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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 receiver 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.					
<b>SIGNATURE:</b> _____ Date _____ Daytime Phone # _____					

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