

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90089 024 ***150.00

DOCUMENT # P20697	
1. Entity Name DIAMOND STATE INSURANCE COMPANY	

Principal Place of Business THREE BALA PLAZA EAST, SUITE 300 ATTN: TAX DEPARTMENT BALA CYNWYD, PA 19004	Mailing Address THREE BALA PLAZA EAST, SUITE 300 ATTN: TAX DEPARTMENT BALA CYNWYD, PA 19004
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
04092008	Chg-P CR2E034 (12/06)
4. FEI Number 51-0257823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	AARON FOX, SAUL
STREET ADDRESS	950 TOWER LANE STE 1150
CITY-ST-ZIP	FOSTER CITY, CA 944042127
TITLE	SRVP <input type="checkbox"/> Delete
NAME	BOYLE, JOSEPH M
STREET ADDRESS	THREE BALA PLAZA EAST SUITE 300
CITY-ST-ZIP	BALA CYNWYD, PA 19004
TITLE	S <input type="checkbox"/> Delete
NAME	MARCH, RICHARD S
STREET ADDRESS	3 BALA PLAZA EAST
CITY-ST-ZIP	BALA CYNWYD, PA
TITLE	PCEO <input checked="" type="checkbox"/> Delete
NAME	FISHMAN, ROBERT M
STREET ADDRESS	THREE BALA PLAZA E STE 300
CITY-ST-ZIP	BALA CYNWYD, PA 19004
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President
STREET ADDRESS	DAVID JAMES MYERS
CITY-ST-ZIP	Three BALA PLAZA E. STE 300 BALA CYNWYD PA 19004
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE:  **4/10/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #